

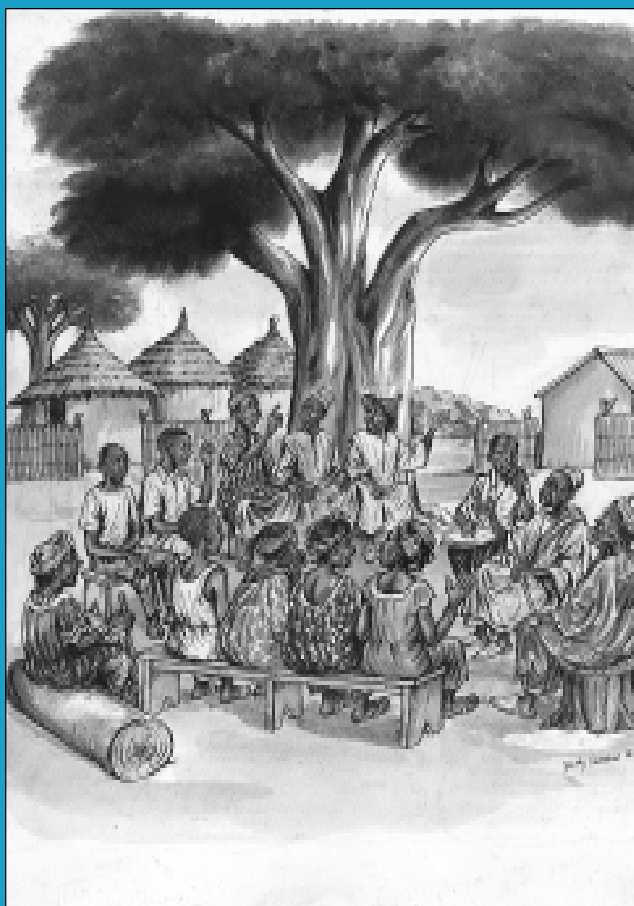
# BEST PRACTICES AND LESSONS LEARNED FOR SUSTAINABLE COMMUNITY NUTRITION PROGRAMMING

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**A PRODUCT OF THE REGIONAL INITIATIVE TO REINFORCE CAPACITIES IN COMMUNITY NUTRITION**



**SANA**  
Sustainable Approaches  
to Nutrition in Africa

**USAID**  
Africa Bureau  
Office for Sustainable  
Development

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# **BEST PRACTICES AND LESSONS LEARNED FOR SUSTAINABLE COMMUNITY NUTRITION PROGRAMMING**

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**SANA**  
**Sustainable Approaches  
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Development**

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## ACRONYMS

<b>ACC/SCN</b>	Administrative Committee on Coordination Sub-committee on Nutrition
<b>AGETIP</b>	Agence d'Execution des Travaux d'Intérêt Public (Agency for the Execution of Public Works)
<b>BASICS</b>	Basic Support for Institutionalizing Child Survival
<b>COGES</b>	Comité des gestion de la boîte à pharmacie villageoise (Village pharmacy box management committee)
<b>CPC</b>	Contrôle de Promotion de la Croissance (Growth promotion control)
<b>CNP</b>	Community Nutrition Project
<b>HFR</b>	Hommes et femmes responsables (Men and women in-charge)
<b>IEC</b>	Information, education and communication
<b>ICN</b>	International Conference on Nutrition
<b>IUNS</b>	International Union of Nutritional Sciences
<b>KPC</b>	Knowledge, practice and coverage
<b>MIS</b>	Management information system
<b>NGO</b>	Non-governmental organization
<b>ORANA</b>	Organisation pour la recherche alimentaire et la nutrition en Afrique (Organisation for Food and Nutrition research in Africa)
<b>ORS/ORT</b>	Oral rehydration solution/oral rehydration therapy
<b>PNSAF/E</b>	Projet Nutrition Sécurité Alimentaire Familiale/Environnement
<b>PRA</b>	Participatory rural appraisal
<b>RKPC</b>	Rapid knowledge, practice and coverage
<b>SANAS</b>	Service de l'Alimentation et de la Nutrition appliquée au Sénégal
<b>SARA/SANA</b>	Support for Analysis and Research in Africa/Sustainable Approaches for Nutrition in Africa
<b>SCN</b>	Sub-committee on Nutrition
<b>SECALINE</b>	Projet Sécurité alimentaire et Nutrition élargie
<b>SIAC</b>	Système d'Information à Assise Communautaire (Community-based Information System)
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>WFP</b>	World Food Program
<b>WHO</b>	World Health Organization

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## EXECUTIVE SUMMARY

In Africa, malnutrition continues to kill millions of children, act as a catalyst to various childhood diseases, exacerbate rates of illiteracy and unemployment and impede overall socio-economic progress. Faced with alarming statistics of continuously high rates of malnutrition, their magnitude and multiple consequences, African countries have become increasingly committed to improving the social well-being of their citizens.

One approach to addressing malnutrition has been to establish Community Nutrition Programs (CNPs) that provide interventions ranging from deworming to growth monitoring and health education to home visits by health promoters. Although specific interventions have varied, these CNPs have had similar objectives, namely, to implement effective, sustainable approaches to combatting malnutrition. These programs have also experienced similar stumbling blocks, the most common of which include inappropriate planning and ineffective management of program interventions caused by overly-centralized administrative and financial management; poor targeting of program beneficiaries; lack of commitment from political entities; and failure to garner adequate financial resources for nutrition activities.

Various programs, however, have found ways to overcome these constraints and can provide invaluable lessons and enriching learning experiences. The unique feature of this document is that from beginning to end, it presents **lessons learned** from these diverse African experiences: basic elements, effective strategies, and necessary steps to sustainable community nutrition programming.

The highlights of these lessons are as follows:

Successful interventions are conceived of and implemented in a decentralized manner, centering around the community and encouraging **community participation** in every step of planning and implementation and at all levels of decision-making.

- ◆ **Program beneficiaries must be properly targeted** to ensure that those at highest risk benefit from the program's inputs and resources, as well as to maximize the program's efficiency and cost effectiveness.
- ◆ When governments understand the necessity and positive outcomes of community nutrition programs and are involved in all phases of planning and implementation, they are more likely to be **genuinely committed**, provide moral and financial support, and become key advocates.
- ◆ Programs with built-in **monitoring and evaluation** components provide essential information on program progress and impact. This information should be regularly reviewed by managers and supervisors, and used to address and rectify programmatic issues.

Carefully **linking interventions** with other development sectors such as agriculture and microcredit creates synergies that can enhance interventions and lead to positive outcomes. The most successfully integrated activities are achieved logically and feasibly combined using existing political and organizational structures.

## SUSTAINABLE COMMUNITY NUTRITION PROGRAMMING

This document also outlines a practical, five-step approach to establishing community nutrition programs using these experiences. These five steps, presented in Section III of the document are:

1. Identifying key partners involved in planning and implemetation of a CNP;
2. Understanding the nutrition situation at hand;
3. Selecting the most appropriate program approach;
4. Developing the institutional framework for implementation; and
5. Designing an appropriate program action plan.

This document provides guidance for improving the effectiveness of community nutrition programs in Africa by illustrating pertinent country examples that re-enforce effective approaches to community nutrition programming. In doing so, it suggests ways that different governmental and non-governmental actors can collaborate effectively; emphasizes the importance of nutrition as an integral part of development; and serves as a useful reference tool.

Whether it is the successful linking of credit with education in Ghana, the way in which village animators take the initiative to request financial assistance for a CNP in Burkina Faso, or the steps a Niger-based CNP takes to ensure proper targeting, there are valuable lessons to learn for everyone involved in achieving succesful, sustainable community nutrition programming in Africa; in particular planners and managers, central- and district-level nutritionists, and funding agencies.

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# COMMUNITY NUTRITION: AN OVERVIEW

## 1. INTRODUCTION

---

There could be no better time for addressing the malnutrition problems in the region. There is growing recognition of the impact and multiple benefits of improved nutrition on human well-being and sustained socioeconomic development. Simple, appropriate, cost-effective, and feasible strategies for reducing malnutrition are now available.

The World Summit for Children and the International Congress on Nutrition (ICN) presented an opportunity for governments to make public commitments to reduce malnutrition in its various forms. Governments are meeting this challenge through the formation of dedicated structures and programs to address poverty and sustainable livelihoods in the context of sound macroeconomic policies.

Actions to improve the overall nutritional status of the poor in developing countries have evolved strategically over the past decades. The early nutrition intervention programs that addressed the food-related causes of malnutrition and the rehabilitation of malnourished children have given way to more holistic approaches that integrate nutrition intervention with primary health care and community development. Multisectoral intervention strategies have been introduced that take into consideration the linkages among agriculture, education, economic status, environmental health, sanitation, and nutrition.

In an effort to improve on the impact of nutrition programs, more emphasis has been placed on the community's role in the planning and implementation stages and in the mobilization of indigenous resources to achieve the desired objectives. Thus, the employment of community-based strategies in nutrition interventions is a growing trend that has been facilitated by

popularizing the UNICEF conceptual framework and the «triple A» cycle. See Figure 3, page 24.

In spite of the growing awareness of the opportunities and potential offered by community nutrition programs (CNPs) for improving nutrition and contributing to community development and self reliance, implementating such programs has met with mixed success because of the inadequacy of planning and implementation approaches and processes. The more successful programs appear to be conceived as local initiatives or pilot projects conducted within a limited geographic area or among a small population. Due to a lack of adequate follow-up and evaluation, resources, and political commitment, these small-scale projects have limited potential for replication and expansion.

Many fruitful attempts have been made to identify the features of successful community nutrition programs. This document is an attempt to bring many of these ideas together for program managers and planners of community nutrition, health, and other development interventions, so they can plan and implement programs that are appropriate, relevant, effective, and sustainable.

The document is presented in a manner that “touches the conscience” of the reader. It uses actual experiences to present best practices and lessons learned, proposes approaches and tools to be used in support of certain key steps and uses illustrations to portray certain situations. Although the document uses examples mainly from West Africa, it can be applied to programs throughout the continent.

Much effort has been made to improve the nutrition situation in Africa, yet malnutrition in all its

## 2. THE NUTRITION SITUATION IN AFRICA

manifestations continues to affect large proportions of the population of the continent.

Over the past 15 years, no progress appears to have been made in reducing the prevalence of child malnutrition in sub-Saharan Africa. In fact, there is some indication that the nutrition situation has worsened largely because of population growth (ACC/SCN, 1997) and economic decline. African countries have among the highest infant and young child death rates in the developing world, much of which is due to malnutrition (Murray et al., 1996). Of the top 20 countries with the highest under-five mortality rates in the world, 18 are from sub-Saharan Africa.

A third of the world's maternal deaths occurs in sub-Saharan Africa (Graham, 1989) where an alarming number of babies are born low birth weight, 40% of children are stunted and one out of ten children suffer from acute malnutrition (ACC/SCN, 1997). A high proportion of low birth weight infants is substantially attributable to maternal nutrition prior to and during pregnancy and intra-

uterine growth retardation - the predominant cause of low birth weight in developing countries is an important cause of stunting (ACC/SCN, 1997).

Micronutrient deficiencies are widespread in Africa. An estimated 42% of African women as a whole, half of pregnant women, and a third of children under age five are anemic (ACC/SCN, 1997). Nearly a quarter of the African population is at risk of iodine deficiency disease (ACC/SCN, 1997), and over one million children between the ages of 0 and 4 are affected by vitamin A deficiency (Murray et al., 1996).

### Causes & consequences of malnutrition

Malnutrition is caused by a combination of individual, household, community, national, and international factors, ranging from disease, cultural beliefs and customs, and high fertility rates, to poor economic status and limited access to health, and other social services. The consequences of malnutrition make its prevention a highly pertinent

**TABLE 1**  
**INDICATORS OF HEALTH AND NUTRITION STATUS IN SELECTED AFRICAN COUNTRIES**

Country	Maternal deaths/ 100,000 births	Under-five mortality/1000 live births	Low birth weight as % of all births	Prevalence of wasting in under 5-year-olds	Prevalence of stunting in under 5-year-olds
Benin	500	167	-	14	25
Burkina Faso	930 <sup>a</sup>	169	21	13	29
Côte d'Ivoire	600	150	12	8	24
Guinea	670	201	13	12	29
Mali	580	239	16	23	30
Mauritania	550	183	11	7	44
Niger	590	320	15	15	40
Senegal	560	124	4	7	23
Togo	640 <sup>a</sup>	125	20	-	34
Ethiopia	1400 <sup>a</sup>	175	16	8	64
Ghana	210	107	8	11	26
Tanzania	530	143	14	6	42

Source: <sup>a</sup>= UNICEF, The State of the World's Children, 1998 ; UNICEF, The State of the World's Children, 1999.

SUSTAINABLE COMMUNITY NUTRITION PROGRAMMING  
Background Information

**TABLE 2**  
**SOME EFFECTS OF MALNUTRITION ON HEALTH AND ECONOMIC STATUS**

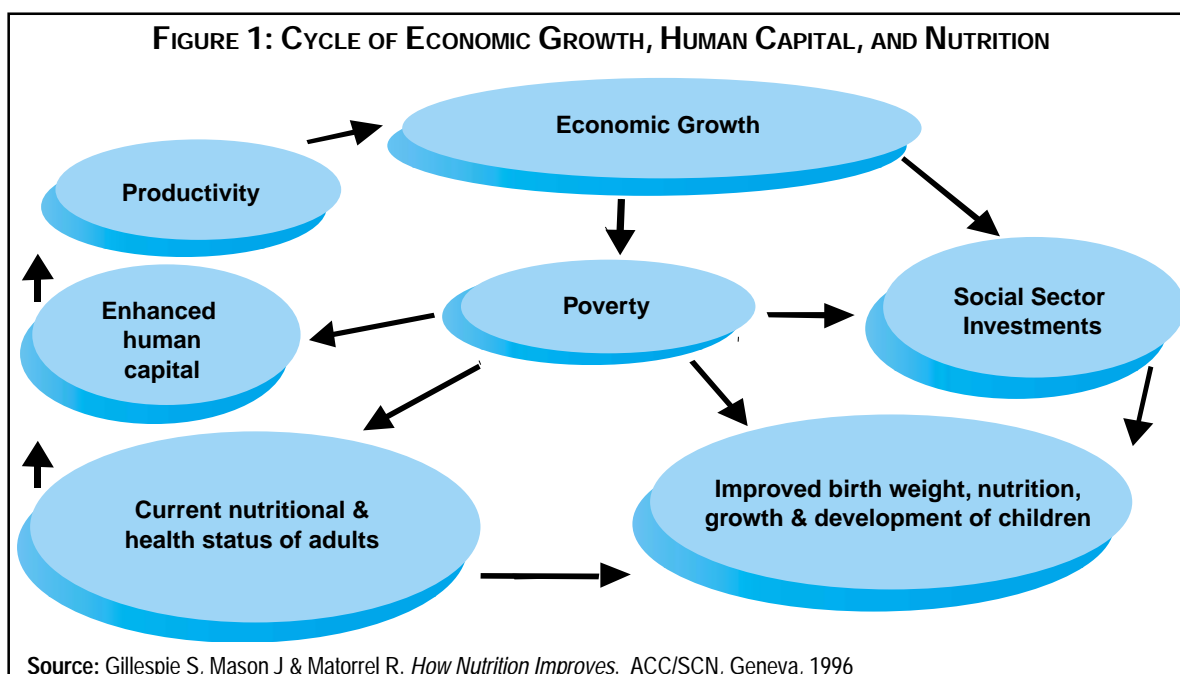
In infants and young children	In adults and women of childbearing age
<ul style="list-style-type: none"> <li>◆ Diminishes the ability to fight infection</li> <li>◆ Impairs the immune system and increases the risk of some infections</li> <li>◆ Impairs growth</li> <li>◆ Increases the chance of infant and young child mortality</li> <li>◆ Heightens fatigue and apathy</li> <li>◆ Hinders cognitive and mental development</li> <li>◆ Reduces learning capacity.</li> </ul> <p><i>Source: Adapted from: Baker J, Martin L, Piwoz E. A Time to Act: Women's Nutrition and its Consequences for Child Survival and Reproductive Health in Africa. SARA. December 1996.</i></p>	<ul style="list-style-type: none"> <li>◆ Increases the risk of complications during pregnancy</li> <li>◆ Increases the risk of spontaneous abortions, stillbirths, impaired fetal brain development, and infant deaths</li> <li>◆ Increases the risk of death from spontaneous abortion, stress of labor, and other delivery complications</li> <li>◆ Increases the chance of producing a low birth weight baby</li> <li>◆ Reduces work productivity</li> <li>◆ Increases the risk for some kinds of infections, including HIV and reproductive tract infections</li> <li>◆ Results in additional sick days and lost productivity.</li> </ul>

priority. Table 2 (above) summarizes some of the adverse effects of malnutrition on the health and economic status of women and young children in particular.

It is clear that significant efforts will have to be made to prevent malnutrition and a further deterioration in the nutrition situation. Significant improvements in nutritional status and well-being in the long term can only be achieved through

sustainable and equitable economic growth and social development, particularly through education. See Figure 1 below.

However, there is a major role for community nutrition programs as a direct means of improving nutrition in the short term, and as a means of focusing attention on nutrition concerns and policies.



### 3. BACKGROUND ON INITIATIVE TO REINFORCE CAPACITIES IN THE MANAGEMENT OF COMMUNITY NUTRITION PROGRAMS

Since the 1980s, a series of efforts have identified the crucial elements of successful community nutrition programs. These efforts have included:

- ◆ The 5<sup>th</sup> International Conference of the International Nutrition Planners Forum, Seoul, South Korea, in August 1989, which highlighted the **crucial elements of successful nutrition programs**;
- ◆ the 23<sup>rd</sup> session of the United Nations Sub-Committee on Nutrition (SCN) symposium, Accra, Ghana, in February 1996, which reviewed a series of **effective programs in Africa for improving nutrition**; and
- ◆ the 16<sup>th</sup> meeting of the International Union of Nutritional Sciences (IUNS), Montreal, Canada, held in July 1997, where **success factors in community-based nutrition programs** were identified.

There is now agreement about what the factors are for successful community nutrition programs. However, most successes with community nutrition programs continue to be realized with small-scale interventions, and most efforts to “scale up” successful local programs or projects have failed.

The key challenges remain: What are the key factors for success of large-scale community nutrition programs? How do we apply the lessons learned from both small- and large-scale programs to ensure sustainability and replicability? How can successful local programs be scaled up effectively?

In 1997, three USAID projects, BASICS (Basic Support for Institutionalizing Child Survival), SARA (Support for Research and Analysis in Africa) and SANA (Sustainable Approaches for Nutrition in

Africa), and The World Bank mission in Senegal, in collaboration with the Organization for Food and Nutrition Research in Africa (ORANA), established the “Regional Initiative for the Reinforcement of Capacities in Community Nutrition.” The aim of the initiative is to contribute to an improvement in the development and implementation of nutrition interventions in the francophone region of West Africa. Under the auspices of this initiative, a regional workshop to exchange experiences from community nutrition programs was convened in Dakar, March 23-27, 1998.

As a sequel to the workshop, a number of follow-up activities to strengthen the effectiveness, monitoring, and evaluation of community nutrition programs in the region are in the process of being realized. Two articles have been written to disseminate the lessons learned from the workshop and advocate for community nutrition programs as a tool to promote community development and nutrition improvement. One of the articles has been published in the 7<sup>th</sup> edition of “Dialogue sur la Santé de l’Enfant,” and another has been published in the December 1998 edition of *SCN News*, a twice-yearly publication of the Secretariat of the United Nations Administrative Committee on Coordination Sub-Committee on Nutrition.

In addition, a number of documents are being prepared in the continued effort to build competence. One of these presents best practices and lessons learned from community nutrition programs/projects implemented mainly in sub-Saharan African countries. A table to facilitate self-evaluation of CNPs has also been developed and is in use.

## 4. PURPOSE OF THE DOCUMENT

---

The purpose of this document is to improve the effectiveness of community nutrition programs by:

- ◆ reinforcing approaches and strategies that lead to effective, sustainable community nutrition programs;
- ◆ suggesting areas for potential collaboration and partnership between governmental and non-governmental partners and members of civil society in the implementation of community nutrition interventions; and
- ◆ advocating for nutrition as an integral component of the development agenda.

The document is written mainly for:

- ◆ planners and managers of health and nutrition interventions;
- ◆ nutritionists at the central or regional levels;
- ◆ program managers of community nutrition, health, and other development programs; and
- ◆ staff of donor organizations that provide technical and financial assistance.

The document is organized around six sections:

- **Section 1**  
introduces the document with a statement on the current nutrition situation in Africa and describes the regional initiative to improve capacity in the implementation of community nutrition programs.

- **Section 2**  
presents a brief overview of key thematic issues to be considered when planning and implementing a community nutrition intervention.
- **Section 3**  
proposes the five stages for a step-by-step approach to the development of a community nutrition program, using as its building blocks indigenous knowledge and resources.
- **Section 4**  
summarizes the three key enabling components for an effective and sustainable institutional and organizational framework around the management and implementation of program activities.
- **Section 5**  
presents key factors in the success and sustainability of community nutrition programs based on lessons learned from the implementation of such programs in Africa.
- **Section 6**  
lists useful reference materials and addresses.

## 5. WHAT DO WE MEAN BY A COMMUNITY NUTRITION PROGRAM?

---

A community nutrition program is a collection of activities aimed at solving the nutrition problems of a community with the full participation and co-operation of its members in a flexible, though systematic and well-researched manner. Community nutrition programs are implemented in both urban and rural settings.

The type of program described above is relatively rare. More common in many of the countries around the region are community-based projects/programs that, although they share some of the components of community nutrition programs, are

often conceptualized as projects to be implemented at the community level.

These projects view members of the community more as target beneficiaries than as active partners and key players in the decision-making process. A lack of community power over decision-making is matched by a lack of community involvement and, ultimately, a lack of impact (Gillespie, 1996). Such projects tend to rely heavily on external resources so they do not foster ownership or long-term sustainability.



SUSTAINABLE COMMUNITY NUTRITION PROGRAMMING  
*Background Information*

**KEY FEATURES OF A COMMUNITY NUTRITION PROGRAM**

- ◆ Responds to the priority felt needs of the community
- ◆ Involves the community as a key player in the decision-making process and at all stages of the implementation process
- ◆ Integrates other sectors of development
- ◆ Is located close to the beneficiaries
- ◆ Uses communities local resources
- ◆ Affects the community as a whole
- ◆ Impacts directly and indirectly on nutritional status
- ◆ Reinforces the management and financial capacities of the community.

**Source:** Regional Initiative for the Re-enforcement of Competencies in Community Nutrition: "Workshop on Exchanges of Experiences", 23-27 March 1998, Dakar, Senegal.



# BASIC PRINCIPLES FOR PLANNING A COMMUNITY NUTRITION INTERVENTION

## 1. INTRODUCTION

---

In the planning and implementation of community programs, the following questions are often posed:

- ◆ How will the community be involved? Is it going to be involved at all stages of the implementation process?
- ◆ How well do the program approaches and strategies comply with national policies for sustainable community development?
- ◆ How well do the services to be provided fit with the plans and aspirations of the community for its own development?
- ◆ How well-equipped are the different stakeholders in terms of material and human resources, to ensure that the program is effective and sustainable?
- ◆ How effective, sustainable, and appropriate to the local context are the strategies and approaches to be used?

Often, community nutrition programs are planned as a package of nutritional services with attention given to “what is to be done,” “by whom,” and “when.” As such, a program can appear to be well-planned and fully implemented and yet have little or no impact on the nutritional status of the target population. The success of community nutrition programs relies on the incorporation of certain critical elements such, as political commitment, community mobilization

and participation, and human resource development from the programs’ inception (USAID, 1989), (SCN News, 1997). For a program to achieve nutritional improvement, sufficient consideration must be given to the methods and processes used in planning and implementation and their capacity to result in sustainable community development.

This section will discuss some of the basic principles to be considered when planning and implementing a community nutrition program by attempting to address the following issues:

- Why is there an emphasis on community participation at all stages of the implementation process?
- Should programs addressed be limited to health- and nutrition-related issues?
- Why is political commitment an indispensable element of successful nutrition programs and community development?
- Should community nutrition programs favor the involvement of men in the planning and implementation process, or should only women be considered as primary targets?
- Is there a standard model for improving nutrition at the community level?

## 2. SUPPORTING AND SUSTAINING COMMUNITY PARTICIPATION AND SOCIAL MOBILIZATION FOR NUTRITIONAL CHANGE

One may pose the question that, after years of implementing nutrition intervention programs,

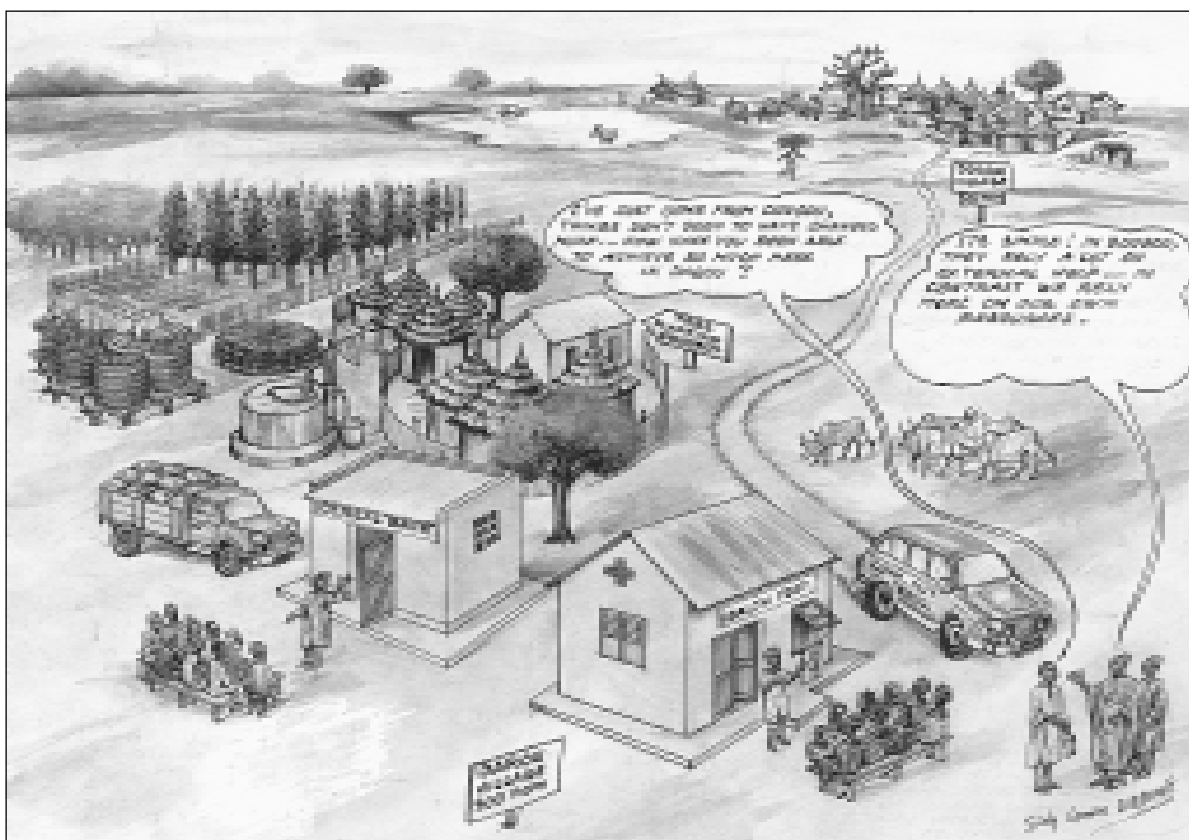
***“Why is there an emphasis on community participation at all stages of the implementation process?”***

“Nutrition programs can and do make a difference in many countries... if they emphasize processes of empowerment and ownership and are thus community-based in reality as well as in a name” Gillespie et al., 1996.

Community participation can lead to community empowerment and self-reliance, attributes that are crucial for sustained socioeconomic development in an era of dwindling economic support for

development in Africa, and growing constraints on public financing and provision of basic services at government levels. It also promotes program ownership and can ensure that programs comply with communities’ needs, aspirations, values, and norms. These factors are essential if program benefits are to persist after donor support and external assistance have been reduced or phased out.

Like many approaches, community participation does have its limitations. It can be difficult to enforce in areas with poor democratic traditions, such as a reluctance to share information and encourage participatory approaches to decision-making. It can be difficult to apply on a large scale and, when not done equitably, it can favor those already in positions of power and the elite in a community.



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### SOME BENEFITS OF COMMUNITY PARTICIPATION

- ◆ Improves the conceptualization process by making maximal use of local knowledge;
- ◆ Decreases dependence on external assistance and promotes self-help in tackling community problems through the strengthening of community structures and leadership;
- ◆ Ensures that the project is adapted to local socioeconomic and technological conditions; and
- ◆ Improves access to services for vulnerable groups.

In some cases, the opportunities presented by community participation are missed because partners outside the community are neither committed to the approach nor well-versed the mechanisms of the process. Although many community nutrition programs now include objectives related to community empowerment through capacity-building, success, and impact, they are more often equated with positive impact on malnutrition and behavioral change than with degree of community participation and transfer of skills at the community level.

A major challenge is how to ensure that at all implementation levels - national, regional, and sub-regional - the principles of community participation are adhered to. This will require

### MECHANISMS FOR DIRECT COMMUNITY PARTICIPATION

- ◆ Orientation meetings to inform and motivate community leaders;
- ◆ community self-assessment of their needs for action;
- ◆ coordination of activities through existing community organizational structures;
- ◆ participation of community members in the implementation of program activities; and
- ◆ in-cash or in-kind contributions to support implementation of program activities.

**Source:** Adapté de USAID, 1990. "International Nutrition Planners Forum, Crucial elements of Successful Community Nutrition Programs." 15-18 August, 1989, Seoul, South Korea.

evaluation and consideration of (a) the interests and frustrations of various partners in the process of involving communities, and (b) their training, motivation, and equipment needs to develop a participatory culture. See Section IV, 1, page 48.

Community participation must be measurable so that its benefit can be assessed. Appendix 2 presents a matrix for assessing community participation at different levels of program planning, management, and implementation.

## 3. INTEGRATING NUTRITION WITH COMMUNITY DEVELOPMENT

### *Should programs addressed be limited to health- and nutrition-related issues?*

The compartmental and vertical nature of early nutrition activities is considered to be a major factor in their limited success. Many determinants

of nutrition lie outside the health and nutrition domain, so health services are a necessary component of any strategy to improve nutritional status, but they are not sufficient by themselves.

There is ample evidence to show that malnutrition is caused by a combination of factors that can all be linked to poverty, such as inadequate feeding

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habits, poor access to health and education, low agricultural production, unsanitary environments, poor education, women's heavy workload, and low income (UNICEF, 1992). See Figure 4, page 25.

Improvements in nutritional status can only be achieved with interventions across different sectors. An integrated community-based approach, in which nutrition may be an entry point, has facilitated success in many community nutrition programs (USAID, 1989). Programs aimed at reducing women's workload, improving food security, and increasing income have been shown to have an impact on nutrition.

Coordination and integration are particularly important operationally. See Figure 2, page 21. Programs must allow sufficient time to establish working relationships with other sectors; find practical ways to integrate nutrition into other group agendas; and develop appropriate strategies, training, and support materials for community-level workers whose primary job might not be health-related.

### Gambia

#### Box 1

#### REDUCING WOMEN'S WORKLOAD: BETTER FAMILY DIETS

*In The Gambia, a study to determine the impact of hand-powered ram press technology for sesame oil extraction on the nutritional status of women and children showed that those women who used the ram press had better diets than their counterparts who pressed sesame using the regional diesel-powered expellers. This was due to increased oil consumption and the use of sesame cake in local dishes.*

*Women with access to a ram press could press sesame into oil in small quantities for home use whenever they need it and at a lower cost. Before, they had to travel distances to press sesame into oil, and the diesel-powered expellers could only handle large volumes of sesame.*

**Source:** Silva-Barbeau et al., *Small-scale sesame oil production—A means to improved child nutrition security in the Gambia*. Semi-Annual Project Report (7/1/97-12/31/97). Thrasher Award. March 1998.

### Ghana

#### Box 2

#### IMPROVING NUTRITIONAL STATUS: THE CREDIT WITH EDUCATION STRATEGY

*In Ghana, Freedom from Hunger is using the Credit with Education strategy to improve the nutritional status and food security of women in poor rural areas. This strategy combines small-scale loans with education in the basics of health, nutrition, birth timing and spacing, and small-business skills.*

*Women invest their loans in income generating activities, then meet weekly to repay the principal and interest, and deposit savings. Learning sessions are also delivered during these meetings. The program has had a positive impact on the nutritional status of one year old children and on household food security. It has led to changes in infant feeding habits.*

**Source :** Barbara MkNelly, Credit with Education Strategy for Improving Nutrition Security: Impact Evaluation Results from Ghana, Freedom from Hunger. Presented at the Mini-symposium on Sustainable Nutrition Security for Sub-Saharan Women Subsistence Farmers. 22<sup>nd</sup> International Conference of Agricultural Economists, Sacramento, California, 11-14 August 1997.

## 4. DEMONSTRATED POLITICAL COMMITMENT

*Why is political commitment an indispensable element of successful nutrition programs and community development?*

Political commitment is necessary to enable communities to:

- ◆ explore possibilities for solving their nutritional problems and
- ◆ translate perceived possibilities into action programs.

Political commitment demands a decentralization of power. It also demands that governments, institutions, and communities adopt the approaches and processes that lead to community self-reliance and empowerment.

In most countries, the institutional and political frameworks needed to support sustainable nutritional improvement and community development lack strength. Sectoral and institutional budgets still allocate a disproportionately larger amount to materials resources and infrastructure than to capacity-building in support of community-based development initiatives and activities. Such initiatives, including nutrition-related ones, seldom receive high priority and are usually served by understaffed and underequipped units.

At the national level, the political environment that will foster social development will also support community nutrition programming. Policies related to poverty alleviation, population and

### INDICATORS OF POLITICAL COMMITMENT TO A PROGRAM

- ◆ Existence of national policies and action plans approving the use of community-based development programs as a means of addressing national nutritional problems
- ◆ Employment of a consultative process and community participation in policy formulation
- ◆ Enough resources allocated to implement such programs
- ◆ Major interest groups within or outside the public sector that support such programs.

**Source:** Adapted from, Cohen S., *Developing Information, Education and Communication (IEC) Strategies for Population Programs*. Technical paper number 1, UNFPA, 1993.

gender issues, education, food security, health, agriculture, and decentralization, translated into concrete action, are a prerequisite for such an environment.

These policies will need to be supported by appropriate institutional frameworks with leadership and outreach to the community level. See Section III, Step 4, page 37.

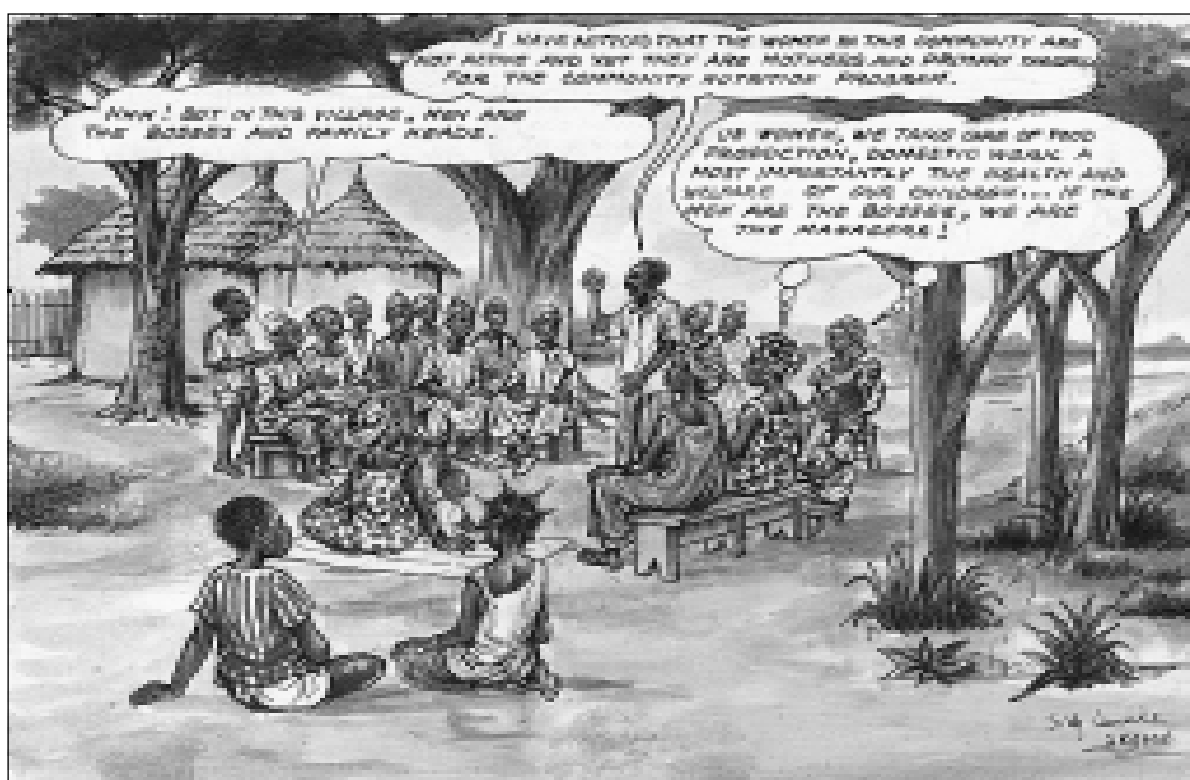
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## 5. THE ROLE OF GENDER IN DEVELOPING OF COMMUNITY NUTRITION PROGRAMS

***Should community nutrition programs favor the involvement of men in the planning and implementation process, or should only women be considered as primary targets?***

A number of community-based health and nutrition programs are built on the premise that, in aspects of health and nutrition, there exists no better agent within the family and for the child than the mother. Women appear to be at the forefront of community-based programs. While such programs may have a positive impact on nutrition and women's status, they often exclude men. In effect, these programs discourage

broader community participation because they emphasize women's involvement. Approaches based on gender should ensure that the preoccupations of men and women are taken into consideration, and that responsibilities are allocated to men, women, or the community as a whole, depending on their nature. They should respect communities sociocultural values and traditions and promote collective community ownership. Furthermore, women from most African societies do not act alone. Their decisions are influenced by others including their husbands, mothers, and traditional leaders. A well-designed and targeted program should involve those responsible for decision making and those who influence them. Therefore, involving men is critical. See Section IV, Step 3.





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Nutritional problems will not be alleviated if the low social status and education levels of women are allowed to persist, however. In addition, lack of control over income and decision-making within the household deprives women of economic and social power and the ability to take actions that will benefit their own well-being. See Box 19, page 54. To ensure the success of community nutrition actions, the following elements should be present:

- ◆ Women's capacities should be promoted and improved to enable them to take control of their own well-being and development.
- ◆ Women's rights should be respected, and value should be placed on the role of the woman in the household and within her community.
- ◆ Women's decision-making capacities should be enforced by involving women in program activities wherever possible.
- ◆ Men should be more actively involved in community nutrition programs.

## 6. DEVELOPING COMMUNITY NUTRITION PROGRAMS: A LEARNING PROCESS

### *Is there a standard model for improving nutrition at the community level?*

A review of different nutrition programs reveals the broad spectrum of interventions used to improve nutrition. While no unique strategy, approach, or intervention can be applied to all programs, there is a recommended process for working with communities to identify problems, solutions, and resources for action, and recognized critical elements for success of community nutrition programs.

Within Africa, great variations exist among regions and even among areas of the same country. Therefore, there is no best way to improve community nutrition. Each country and community needs to define, implement, and secure financing for the most appropriate strategy and programs.

The ideal approach to planning and implementing community nutrition interventions is the "learning process" approach (Korten, 1989). In this approach, during implementation and evaluation, priority is given to "how" activities are/were carried out, and "how" those activities are perceived by

those who were involved and by those who were intended to benefit. All partners are involved in planning, monitoring, and evaluation activities so that their perspectives are taken into consideration. A critical element in this approach is the formulation of lessons learned from monitoring and evaluation activities that are fed back into the program plan. As a result, modifications in program activities and strategies are made continuously based on the lessons learned during the entire period of program implementation.

The design of a community nutrition program should be viewed as a learning process in which options are proposed for addressing the nutrition situation. The implementation cycle should include repeated monitoring and evaluation exercises to assess program impact, identify obstacles to progress and allow for revision according to the changing needs and lessons learned through operations research, and a flow of information across all levels of the institutional and organizational framework.

Some community nutrition programs have already been evaluated, a summary of lessons learned from past experience will be of great use in briefing the program development personnel.

## FIVE ESSENTIAL STEPS FOR DESIGNING A COMMUNITY NUTRITION PROGRAM

### INTRODUCTION

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Enormous financial and human resources can be spent on programs that are not appropriate to the country or community situation. Even when the program is relevant it can sometimes lack impact. If a program is to be relevant to the people who make decisions about policies and programs and to communities, it must address the problems they face and help them search for solutions.

Nutrition programs are more likely to be effective when there is an extended, three-way process of communication linking policy-makers, program

managers, and those most affected by the nutrition issues to be addressed.

The foundations of a successful community nutrition program are set at the conceptualization and planning phase. This section reviews in greater detail the steps and types of decisions that need to be made when developing a community nutrition program, according to the sequence proposed below:

#### A STEP WISE APPROACH TO DEVELOPING A COMMUNITY NUTRITION PROGRAM

##### **Identifying the key partners involved in the planning and implementation of a community nutrition program**

- ◆ Identifying the key partners from the community
- ◆ Identifying the key partners from the public and private sectors
- ◆ Making intersectoral collaboration work

##### **Understanding the priority nutrition problems**

- ◆ Assessing the nutrition situation
- ◆ Analyzing the causes of malnutrition

##### **Selecting the most appropriate program approach**

- ◆ Defining the program goals and objectives
- ◆ Determining the key program targets
- ◆ Choosing the most appropriate intervention strategy

##### **Developing the institutional framework for implementation**

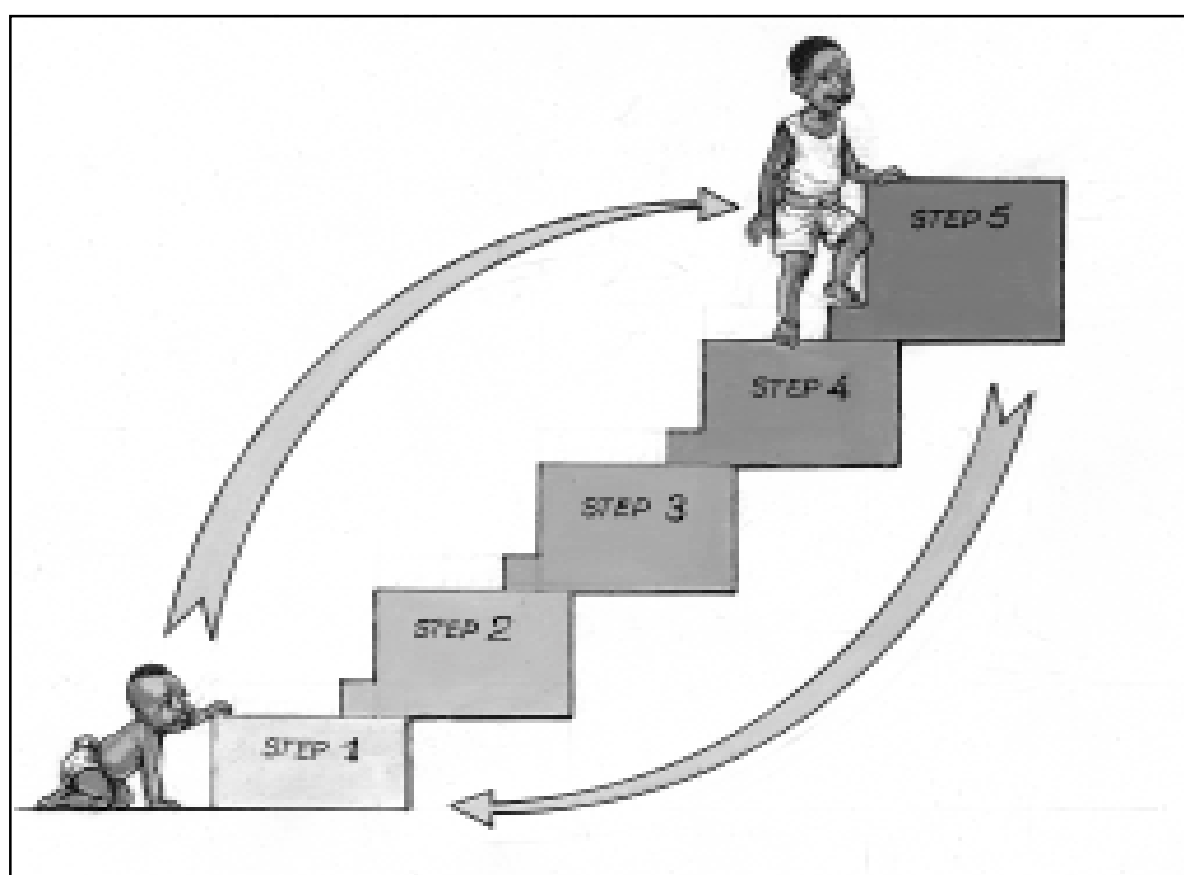
- ◆ Defining the management and programmatic roles of different partners
- ◆ Eliciting commitment of partners to their roles

##### **Designing an appropriate program action plan**

- ◆ Defining program activities and time frame for implementation
- ◆ Determining the amount of resources needed



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## IDENTIFYING THE KEY PARTNERS INVOLVED IN THE PLANNING AND IMPLEMENTATION OF A COMMUNITY NUTRITION PROGRAM

Designing a program, no matter how small, will be the work of a team of individuals from a host of sectors with a common goal and a joint interest—that is, the development of the community and the alleviation of malnutrition.

### Identifying the key partners from the community

The initiative for the development of a community nutrition program can emerge from one of a number of sources including the community, a group of concerned individuals within or outside the community, the government, or a non-governmental association (NGO). What is important is that a multifaceted approach be taken to address the perceived nutritional problems, recognizing the fact that there is no single cause of malnutrition.

The key issue is: Who in the community and who else, should be involved in the planning and implementation of a community nutrition program?

A host of individuals and groups within the community can be involved. They include women of childbearing age; older persons; young children and girls; husbands; community leaders; religious leaders; extension workers; community health workers; community development committees; women's groups; youth groups; men's groups; teachers; and traditional birth attendants.

Involving all of these individuals and groups in the planning process might not be feasible or realistic. Therefore it is necessary to identify key individuals, groups, or structures who will be able to provide that relevant information for the planning process. Extension agents, who usually have a good knowledge of the community, can be used to help identify the partners from the community.

### Identifying the key partners from the public and private sectors

Collaboration between governments and members of civil society (non-government organizations and local organizations) on the one hand, and among different sectors within government on the other, is crucial for success. Yet, identifying the key partners from these different sectors and organizations is not an easy task. Addressing the following questions might make the task easier.

Away from the community, it is clear that not only sectors and institutions dealing directly with food- and nutrition-related issues, such as the ministries of health and agriculture, will be involved.

Many nutrition intervention efforts have failed to achieve the desired impact because an inter-sectoral and participatory approach was not applied at the planning stage.

Traditionally, nutrition programs were implemented by ministries of health with little involvement from other institutional members of civil society.

### KEY QUESTIONS

- *Who in the community is affected by the nutrition problems to be addressed by the program?*
- *Which members of the community are responsible for influencing decisions that can affect the nutrition status of individuals and the community as a whole?*
- *Who in the community is involved in activities that contribute to nutrition and community development?*

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### KEY QUESTIONS

- *Which members of the community are well-informed about the communities nutrition problems community and those affected?*
- *Who has influence on accessibility to goods and services that have an impact on community nutrition?*
- *Who provides services from the public and private sector that have a direct influence on nutritional status?*

Lately, a more diverse number of structures and institutions, such as non-governmental organizations, community-based organizations, and private institutions are taking active part in the implementation of community nutrition

programs in an effort to make maximum use of the expertise and material and financial resources.

A review of the organizational roles of institutions involved in the planning and execution of community nutrition programs suggests at least four organizational roles for institutions:

#### ◆ Providing political leadership

These include those institutions that help coordinate national program interventions across sectors, at the national, regional, and sub-regional. Engaging the provincial or sub-central levels becoming increasingly important, given the trend toward decentralization and community involvement in decision-making, and the key political and managerial roles local government authorities play in integrated development approaches.

### Burkina

#### Box 3

#### PROVIDING THE INITIATIVE FOR A COMMUNITY NUTRITION INTERVENTION

*In Burkina Faso, the Village Women Animators Network evolved from a need observed during a mission to two agricultural youth groups in the provinces of Sourou and Zoundweogo by staff of the Ministry of Agriculture. The mission observed that wives of local farmers had a relatively unaware of maternal health-related issues. Their children suffered frequently from malnutrition and diarrheal disease, the causes of which were often related to superstitious beliefs. Mothers were worried that a many of their children were sick and dying, a trend which was having a profound effect on their agricultural productivity.*

*On returning to the capital, the mission approached UNICEF which assisted the community with food for the rehabilitation of malnourished children and later helped teach mothers how to prepare enriched weaning foods. Basic hygiene to prevent diarrheal disease was also encouraged.*

*The mission staff then initiated a small training project for the women of the two youth groups concerned. An evaluation of the project produced better than expected results in terms of knowledge retention and behavior change, which led to an extension of the project to include more women from the same locality.*

**Source:** Ministries of Health, Agriculture, Social Action and UNICEF. The Village Women Animators Network in Burkina Faso. A presentation made at the UNICEF Technical Workshop on "Promoting Community-based Activities", 1-4 November, 1997, Nouackchott, Mauritania.

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### Box 4

#### AN EVOLUTION: NEW STAKEHOLDERS OF COMMUNITY NUTRITION PROGRAMS IN SENEGAL

MAIN STAKEHOLDERS IN THE OLD NUTRITION PROJECT EXECUTED BY THE MINISTRY OF HEALTH COMPARED WITH THOSE OF THE NEW COMMUNITY NUTRITION PROJECT IMPLEMENTED BY AGETIP (AN NGO IN SENEGAL)

PAST STAKEHOLDERS	PRESENT STAKEHOLDERS
Ministry of Health	President's office Ministry of Health AGETIP
Medical districts	Medical districts Neighborhoods
Non-governmental organizations	Non-governmental organizations
Women's organizations	Women's organizations

*Source: Tonia Marek. Successful Contracting out of prevention services in Africa: The cases of Senegal and Madagascar in fighting malnutrition. Unpublished, 1998.*

#### ◆ Managing of program activities: “executing” institutions

These are the institutions responsible for overall management and coordination of a program or project. They may be from central or local government, or from the non-governmental or private sector. The selection of lead or executing agencies for community nutrition programs is a key strategic decision to be made.

#### ◆ Providing technical expertise in nutrition

Designing a community nutrition program requires technical expertise in problem analysis, strategy planning, capacity-building, monitoring and evaluation, operations research, and Information, Education and Communication (IEC).

The agency or committee responsible for nutrition should delegate such decisions to technicians, who can prepare proposals for approval by the political decision-makers.

Technical assistance might be provided by a local consulting firm, university, local or international research institution, government agency's technical unit, or an NGO.

#### ◆ Providing services to the community

#### CRITERIA FOR THE SELECTION OF EXECUTING AGENCIES

- ◆ Size and nature of the program itself
- ◆ Mandate, political position, and political commitment to nutrition of the agency
- ◆ Its technical and managerial capacity
- ◆ Its mobilizing or outreach capacity
- ◆ Autonomy
- ◆ Access to funding
- ◆ Track record

*Source: Sylvie I. Cohen, Developing Information, Education and Communication (IEC) Strategies for Population Programs. Technical paper number 1, UNFPA, 1993.*

In most community nutrition programs, the focus has been on using indigenous structures and institutions to provide services such as health promotion, growth monitoring and community mobilization. (see Step 4, Page 37). Institutions and structures operating at a higher level are then responsible for training and supervisory services and the provision of materials and equipment. (Included among these for example, are divisional-level and field personnel of ministries, NGO staff

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and community-based agents, community-based groups etc.)

### Making intersectoral collaboration work

Planning and implementation will involve much of consultation among partners at the national, regional, and sub-regional levels. For example, assessing the nutritional status of the community alone will require consultation among partners in the collection, sharing, and review of information. This level of cross-sectoral interaction will require partnership, coordination, and commitment from all sectors.

Integration of various sectors can be difficult, but it has been achieved through the use of existing

political and decentralized organizational structures and staff to plan and manage programs. Coordination will be enhanced by the establishment of intersectoral coordinating teams, with well-defined roles and responsibilities, that meet regularly to share activities and experiences.

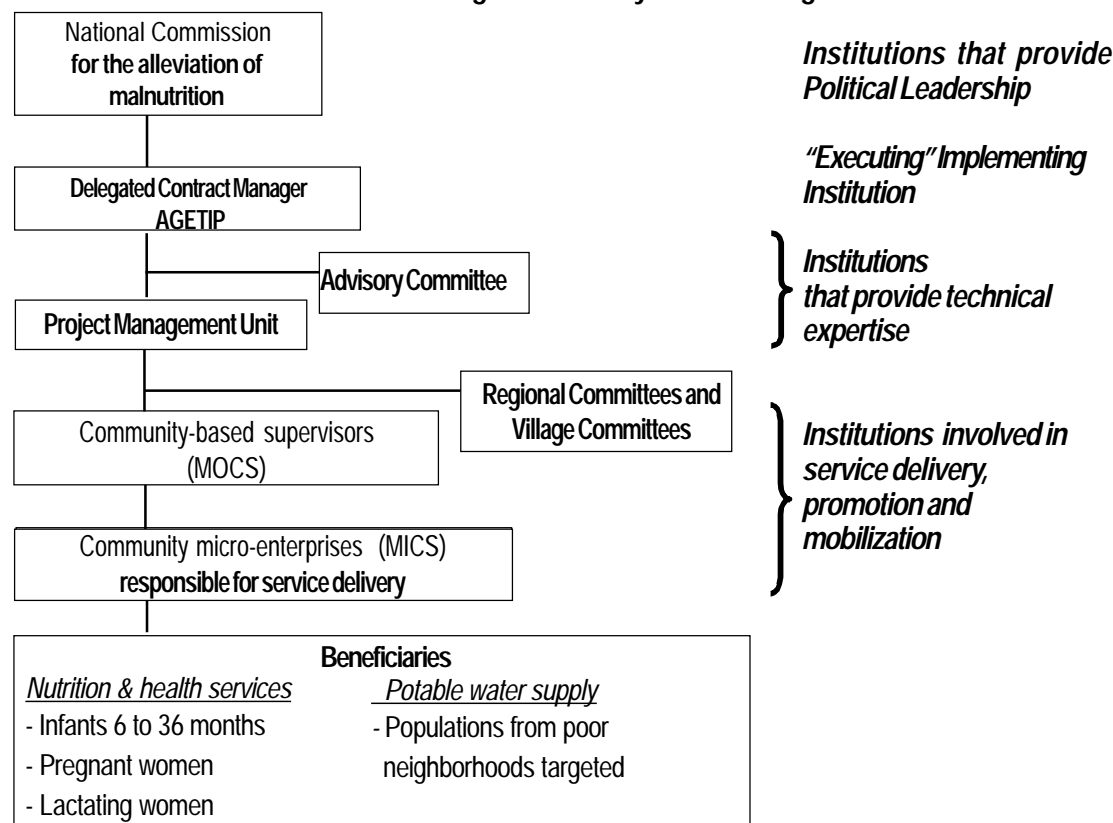
At the community level, existing development committee, where operational, can be used as an entry point for coordination and planning activities.

Figure 2, Page 21 shows a flow chart that demonstrates the potential coordination linkages among different sectors across and within different levels.

## Senegal

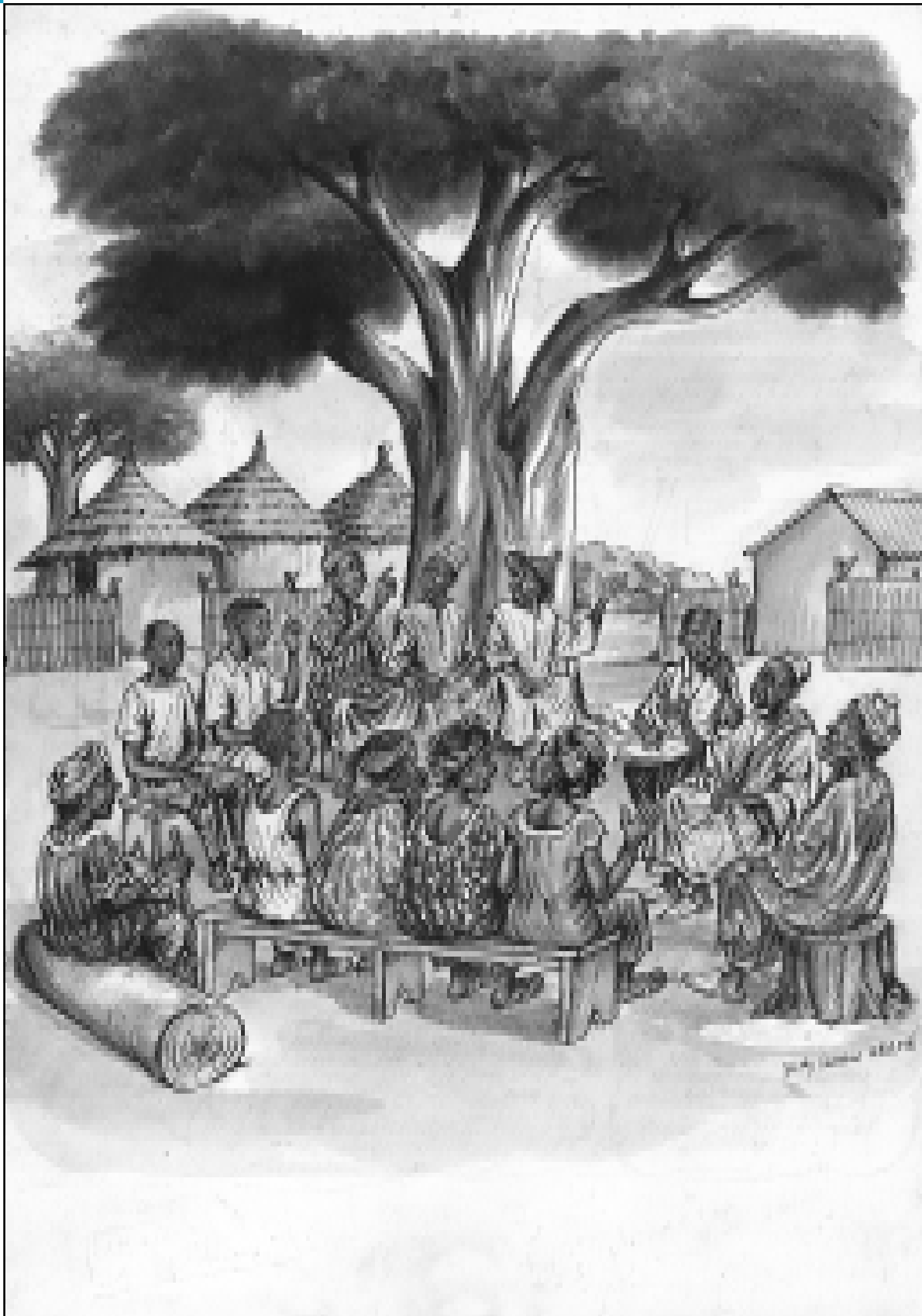
### Box 5

#### INSTITUTIONS INVOLVED IN PLANNING AND EXECUTING A COMMUNITY NUTRITION PROGRAM Role of institutions involved in the planning and execution of the Senegal Community Nutrition Program



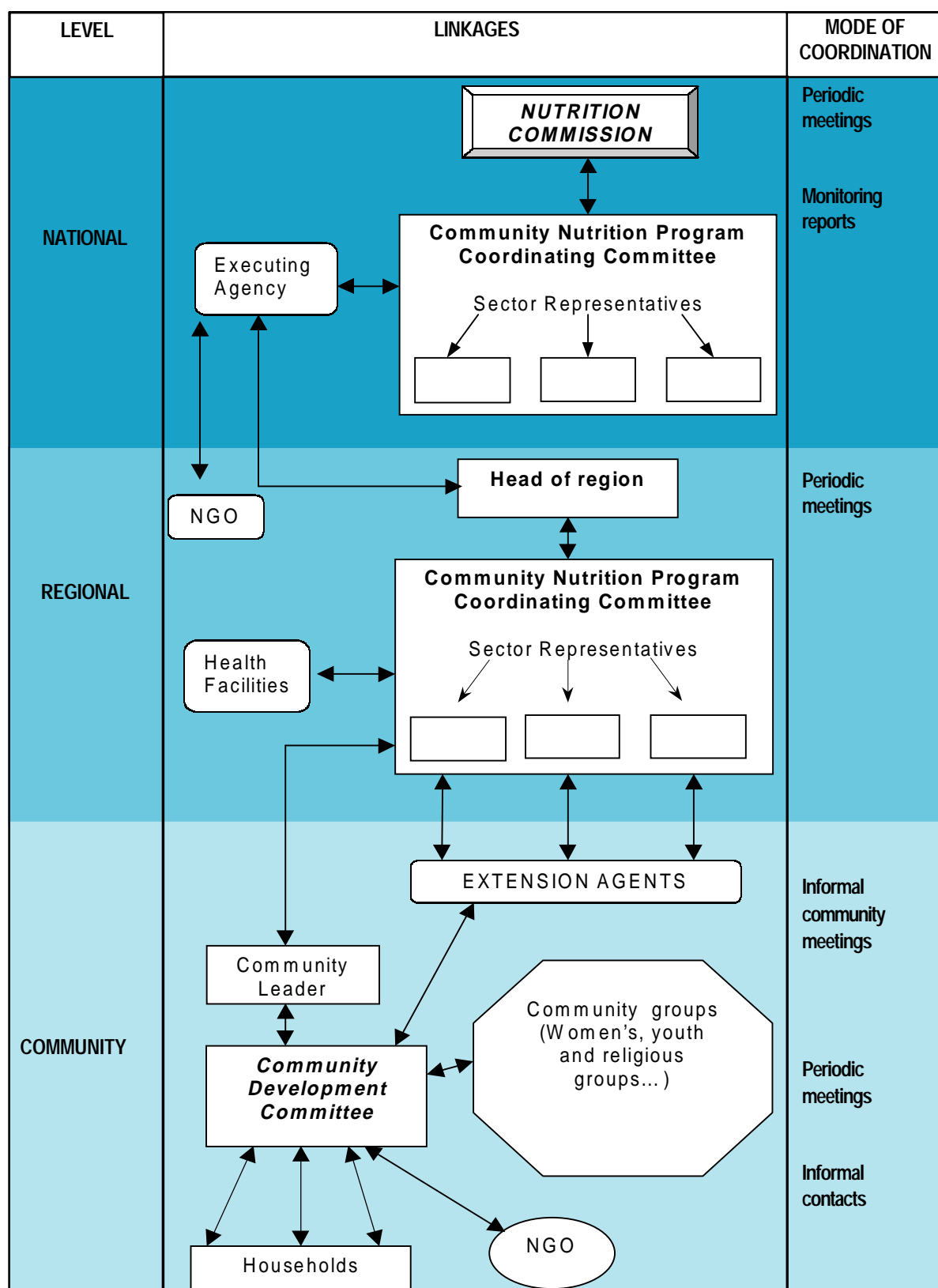
Source : AGETIP, Presentation on the Community Nutrition Project of Senegal. Presented at a Workshop on «Experiences from Community Nutrition Programs». 23-27 March, 1998, Dakar, Senegal.

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**FIGURE 2**  
**POSSIBLE COORDINATION MECHANISMS FOR THE DIFFERENT IMPLEMENTATION LEVELS**



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## THINGS TO BEAR IN MIND

- ✓ *The community to be served is the best source of information about itself. Its views on its needs and concerns are best learned through some form of participatory research in which participants serve as respondents and collectors of data, thereby having an important influence on the program design.*



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## UNDERSTANDING THE PRIORITY NUTRITION PROBLEMS

A pre-requisite step to the identification of appropriate strategies to combat or prevent malnutrition is precise knowledge of the nutrition situation being considered and its causes.

A weak relationship between the services offered and those demanded by the community is common among many community nutrition programs. This is largely because nutrition is seldom a perceived need of the community (Bailey, 1995). Second, negotiation with community members to decide on priority needs to be addressed is insufficient, and there is often a different perception of the reality program planners and community members. All these factors are exacerbated by an apparent unwillingness and poor capacity to stimulate dialogue and, in the process, “listen” to communities, needs and ideas among some technical personnel, especially when dealing with largely illiterate populations.

☞ (See Section IV, 2, Page 48)

The key to a coherent understanding of the nutrition situation is the ability to listen and ask the questions “who,” “why,” and “how,” to give communities the opportunity to express themselves, communicate their concerns, and experience the planning exercise firsthand. This approach places the community at the center of the planning process.

### Assessing the nutrition situation

Promotion and support of a process that involves individuals and communities in the assessment of their nutritional problems and the mobilization of local resources for action was found to be a success factor in South Asian community-based nutrition programs (Jonsson, 1995). Involving the community from the outset is vital to encourage

### KEY QUESTIONS

- n How do we ensure that the voices of the community are heard, and that community nutrition programs take their needs, concerns, and aspirations into consideration?*
- n What approaches will facilitate maximum community participation in the planning stages?*
- n How do we build capacity at the community level to improve assessment and analysis skills?*

community ownership of the program, break down resistance to program activities, and expand knowledge of the nutrition issues at the community level.

Community members, both men and women, are not confused about what is happening around them. Severe forms of malnutrition affecting young children may well be recognized by members of a community. Some may even be able to identify several of the contributing causes. Few may realize the presence or consequence of mild to moderate forms of malnutrition and “hidden hunger,” however, many may be unaware of the magnitude or significance of these problems and how best to tackle them.

Community members seldom have enough technical knowledge to carry out the assessment process adequately. They need technical assistance from government personnel. Non governmental organizations with the necessary expertise can also be of assistance, if they have

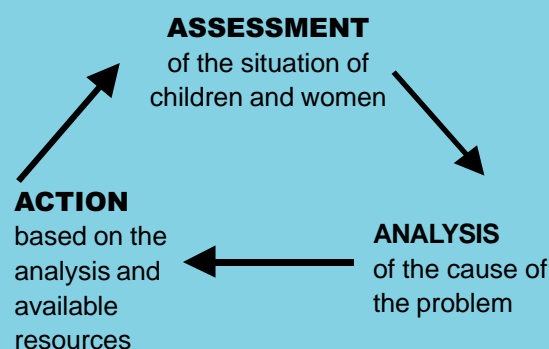
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personnel and logistical resources to reach to the community level. Whether the support is from government or an NGO, the community needs to understand why its involvement at this stage is important.

The emphasis should be on engaging in dialogue and collaboration with the community to collect and analyze basic socioeconomic data to help community members better understand their real situation. Participation will be facilitated by workshops and orientation sessions to train local stakeholders in the use of local resources and in the technical and leadership skills needed for their active involvement in the assessment of the nutritional situation.

The Triple A cycle developed by UNICEF is a useful tool for articulating action in all aspects of life. It is used widely in the identification of community-based solutions to child nutrition and health problems. As the name implies, it is a cyclical process that involves three steps:

**FIGURE 3:**  
**THE TRIPLE A CYCLE**



Source: UNICEF. *The Progress of Nations*.  
 Geneva, 1997.

**Mali**

**BOX 6: HELPING VILLAGES UNDERSTAND THEIR NUTRITION SITUATION**

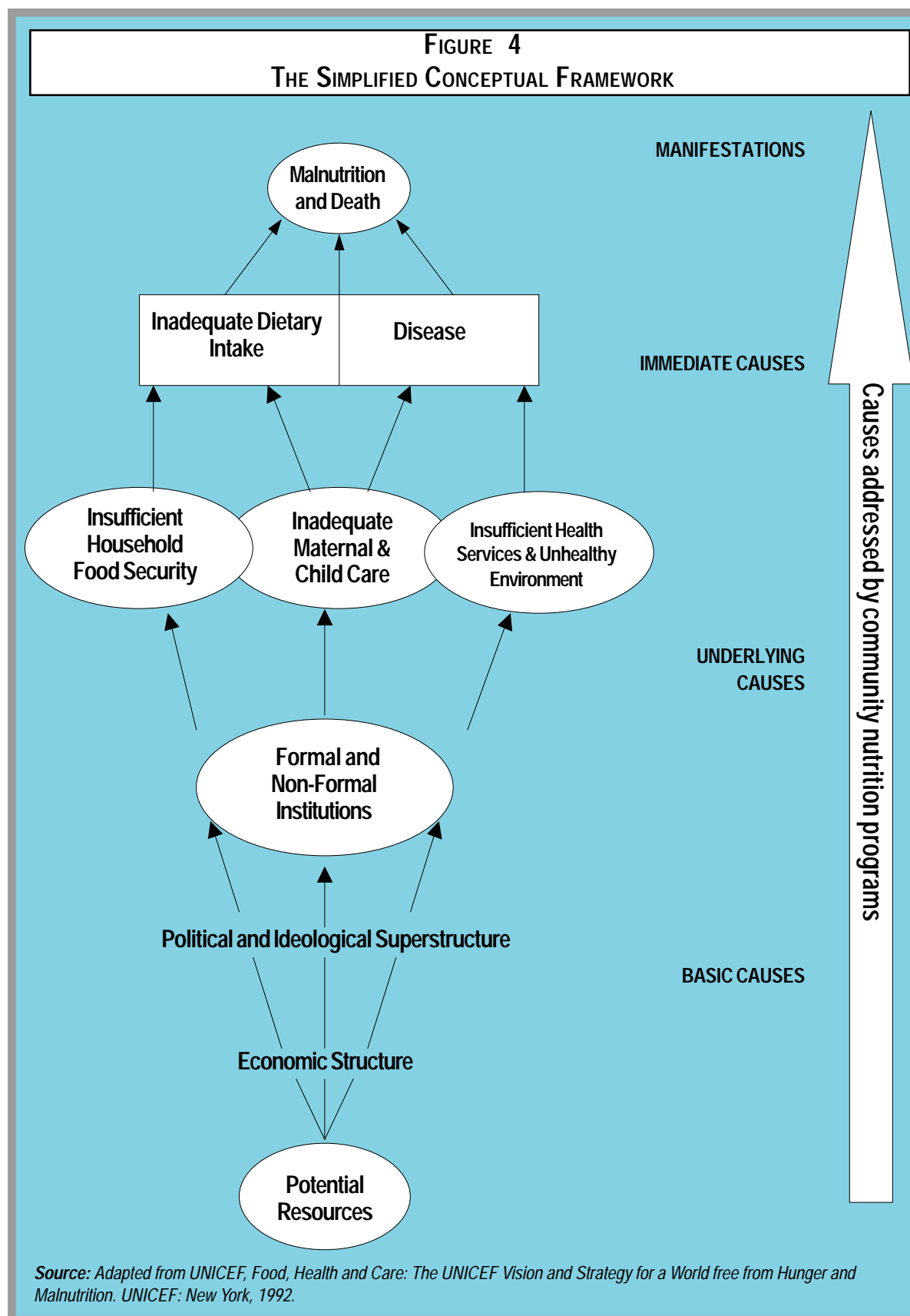
*In Mali, a series of village contacts known as “approche par village” help communities identify appropriate practices aimed at improving nutritional status and addressing perceived health and nutrition problems. The system is organized around three phases :*

- ◆ *In the first phase, vital demographic and health information is collected and analyzed from all the villages in a particular health catchment area. From this information, a tentative list of priority health problems is developed.*
- ◆ *In the second phase, focus group discussions are held with village members to attempt to confirm the existence of the problems identified in the first phase and propose solutions to them. The results from the focus groups are compiled and discussed with the local health committee, and recommendations are recorded by the community health agent. The goal is to select and implement those solutions that do not require outside support.*
- ◆ *In the third phase, the training needs of community health agents are determined based on the solutions identified, and a training plan is formulated.*

Source: Dr Alfani Shesoko et al., Health areas as an entry point for community development:

The case of the BLA Health District, Segou Region. Presented at a workshop on “Promotion of Community-based activities”, October 1-4, 1997, Nouackchott, Mauritania.

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**Assessing** the problems facing the household or community, in this case;) **analyzing** the causes underlying those problems; and) developing **actions** to resolve the problems.

The different techniques that can be used to assess the nutrition situation are described in Appendix 3. The type of information that can be collected is listed in Appendix 4.

### **Analyzing the causes of malnutrition**

After assessing the nutrition situation, a list of the factors thought to cause malnutrition in the community should be developed. This can be done using a participatory rural appraisal method such as the pocket voting method (described in Appendix 3). The UNICEF conceptual framework

(shown in Figure 4, page 25) can be used in synergy with the Triple A cycle to assist communities to identify the basic, immediate, and underlying causes of malnutrition.

Conducting this exercise with the community is important, as it helps its members to discover the relationships among different factors, observe how some factors influence others, and to begin to see clearly which factors they have control over and are able to do something about.

As can be seen in Figure 4, community nutrition programs address the immediate and underlying causes of malnutrition more often than they do the basic causes, which tend to be more complex and expensive to deal with.

## **THINGS TO BEAR IN MIND**

- ✓ *It is important to limit the amount of data collected while making sure that all important indicators are being followed and used. Maximum use should also be made of available information at national and sub-regional levels.*
- ✓ *The results obtained from the assessment process should:*
  - *be shared with the community to arrive at a consensus and to facilitate the community's support for future implementation levels;*
  - *lead to a good understanding of the problem and identification of strategies with potential to improve the nutrition situation; and*
  - *provide a concrete basis for prioritizing and targeting of action on those most in need.*
- ✓ *The cycle of assessment, analysis and action should not be conducted as an on-off exercise. The Triple A cycle should be repeated periodically to ensure that program actions respond to changing needs and situations.*

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## SELECTING THE MOST APPROPRIATE PROGRAM APPROACH

After arriving at an understanding of the specific nutrition problems in the community and their corresponding causal factors, the next step is to design an effective solution to the problems. First, the goal and objectives of the program need to be defined. Next, the most appropriate strategies for meeting the program's objectives must be selected. This involves:

- ◆ a definition of “what” you expect the program setting to look like after the program has solved the problem, the **goal**;
- ◆ the series of specific accomplishments designed to address the stated problems that result in your goal of a changed situation, the **objectives**;
- ◆ a determination of “who” the program is going to address, the **target**; and
- ◆ “how” the program is going to address them, the **strategy**.

### Defining the program goal and objectives

Issues to be taken into consideration when setting a program goal:

- ◆ **The goal is a solution to the priority problems identified by the assessment.** An assessment of the nutrition situation should result in an understanding of the specific priority problems that could be addressed by the program. The goal statement presents the solution. For example, if the problems are high rates of malnutrition due to low female literacy, inadequate weaning practices, poor child care, and high maternal workload, the goal may be: “To reduce the rate of malnutrition in Jappineh village by increasing access of women to information, education, and communication services and appropriate post-harvest technology.”

- ◆ **A goal must be visionary but realistic** Do not state that your program will accomplish more than it possibly can. For example, the goal “To reduce malnutrition” implies all forms of malnutrition among all types of people: men, women, and children, rich and poor, educated and poorly educated.

Issues to be taken into consideration when setting program objectives:

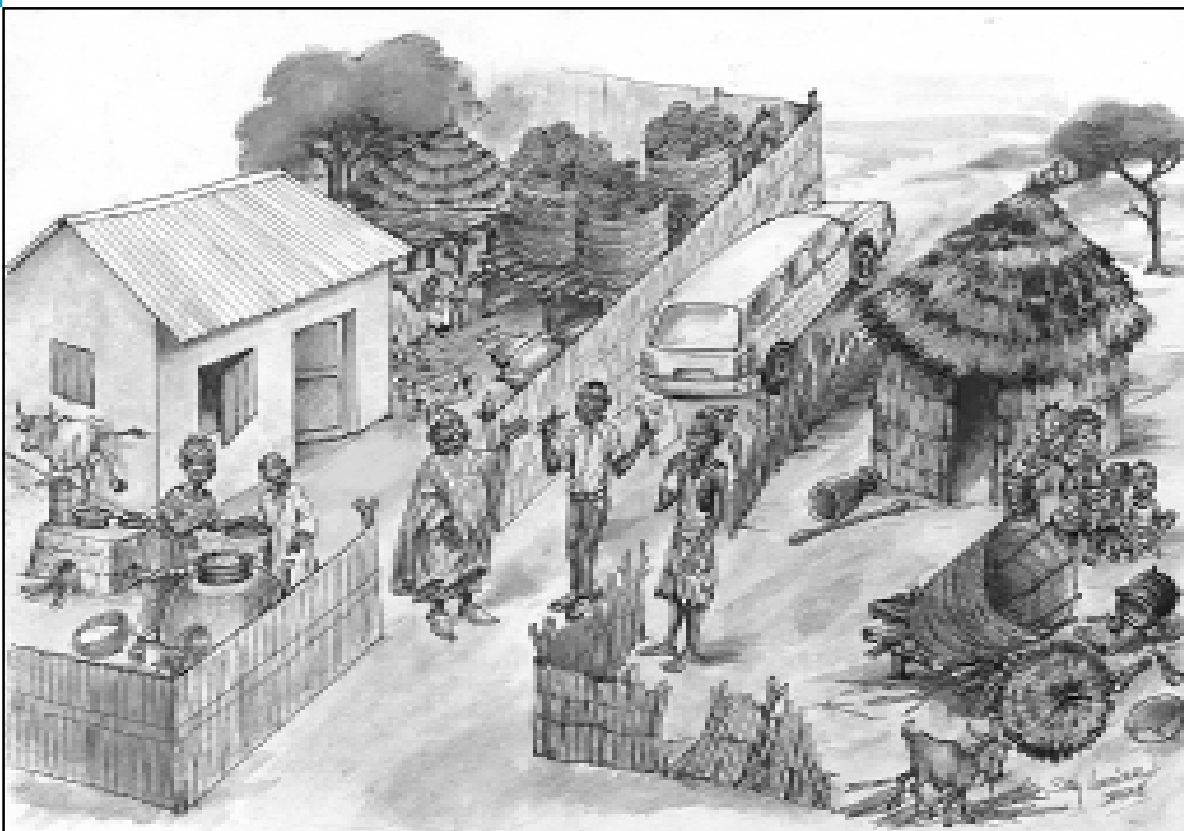
- ◆ **Objectives should be clear to:**
  - √ make it easier to plan and implement activities that will lead to their attainment, and
  - √ make it easier to monitor progress and evaluate the success of the program

### Determining the key program targets

In most cases, not everyone in a community is affected by the nutrition problems identified. Therefore, targeting the whole community will be highly costly and ineffective. Appropriate targeting is critical to improve the efficiency and cost-effectiveness of community nutrition programs.

Targeting permits the better use of limited resources by focusing specific interventions on those groups or individuals at greatest risk and most likely to benefit from intervention. Nutrition interventions have been shown to be most effective when tailored to the specific needs of well-defined target groups. This should not mean that the most vulnerable to nutritional stress should be targeted at the exclusion of everybody else. For example, in an effort to address the needs of the most nutritionally vulnerable groups in developing countries, emphasis has been placed on the mother and young child, an approach that may have led to the misconception

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that nutrition is not a problem of the general population. A mother and child cannot take control of their own development without an enabling environment around them both at the household and community levels.

#### Approaches to facilitate targeting decisions

##### ● *Nutrition approaches*

An analysis of six programs in the sub-region has shown that 75% of the target is children between age 6 and 36 months due to the high rate of malnutrition among this age group. All of the programs also targeted pregnant and lactating women.

A review of a number of successful nutrition programs identified a three-tiered approach to targeting described in (Figure 5, Page 29). This approach can be viewed as descending from very broad targeting (essentially non-targeting) of communities to highly targeted programs focusing primarily on individuals. In all cases, the focus of targeting is on those deemed at nutrition risk.

Targeting may be based on geographic, socio-economic, demographic, or nutrition criteria, and may take place on a community, household, or individual basis. The statistics collected during the assessment exercise should facilitate this type of targeting.

#### KEY QUESTIONS

- *Which members of the community are most affected by the nutritional problems identified?*
- *Which members of the community can have a major positive influence on the lives of those at nutritional risk?*
- *Who are those with the capacity to motivate and mobilize communities toward increasing self-reliance and nutritional improvement?*



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FIGURE 5: LEVELS OF TARGETING FOR COMMUNITY NUTRITION PROGRAMS

**Level 1: Geographic targeting—emphasis on the community**  
 Program focuses on specific regions or districts. Scope of targeting can range from the national level to the community level. Decisions are made based on some of the following: existing socio-economic data; nutritional surveillance information; existing services, infrastructure, and development activities; community participation factors; and available resources

**Level 2: Biological targeting—emphasis on vulnerable groups**  
 Selection of intended beneficiaries is based on vulnerability to nutritional stress, such as children under age 5, children of weaning age, pregnant and lactating women. At this level, the nutrition intervention can also be targeted at all household members.

**Level 3: Biological targeting—emphasis on malnourished individuals**  
 Beneficiaries are selected based on individual risk of morbidity or mortality. Used in programs specifically targeted to those most at need in an effort to use limited funds in a cost-effective manner. Decisions are made with the assistance of anthropometric and socioeconomic data, and additional risk factors of pregnancy. Target groups can include malnourished children and high risk pregnant women.

Increasing rates of malnutrition

*Source: Adapted from Jennings et al., Managing successful nutrition programs, A report based on an ACC/SCN Workshop at the 14<sup>th</sup> IUNS International Congress on Nutrition, August 20-25, 1989, Seoul, Korea, 1991.*

Some programs take seasonal factors into consideration when targeting, in an effort to provide support to individuals/households at periods of acute food shortage e.g, food supplementation during the rainy season. Other programs consider the motivation and involvement of communities in making targeting decisions.

● **Holistic approaches**

As malnutrition and under-development persist, a more holistic and systematic approach should be considered when targeting community nutrition programs, that recognizes the interdependent relationship between women and the family, social, cultural, and economic environment of which they are a part.

This approach to targeting, referred to as the **ecological approach to health promotion** (Green, 1996), makes it possible to address the community

setting and multiple targets within that setting. It also recognizes the influence of other key household figures on the health practices and outcomes of women and children.

Target groups for community nutrition programs should include:

- ◆ **Those with nutrition problems:** Women of child-bearing age, infants and children of pre school age, and teenage girls.
- ◆ **Those with an influence on the nutritional status of the above:** (a) influential persons in the family - e.g., husbands, mothers, mothers-in-law, peers, other child caregivers (b) influential persons at the community level e.g. community leaders, religious leaders, representatives of community groups extension workers, traditional communicators.

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- ◆ **Those with the capacity to motivate:** community-based service providers, peers, influential persons at the community level.

It should be noted that very few programs address the needs of men and other child caregivers on issues centered around the nutrition status of the family. Careful attention needs to be given to this area.

### Choosing the most appropriate intervention strategy

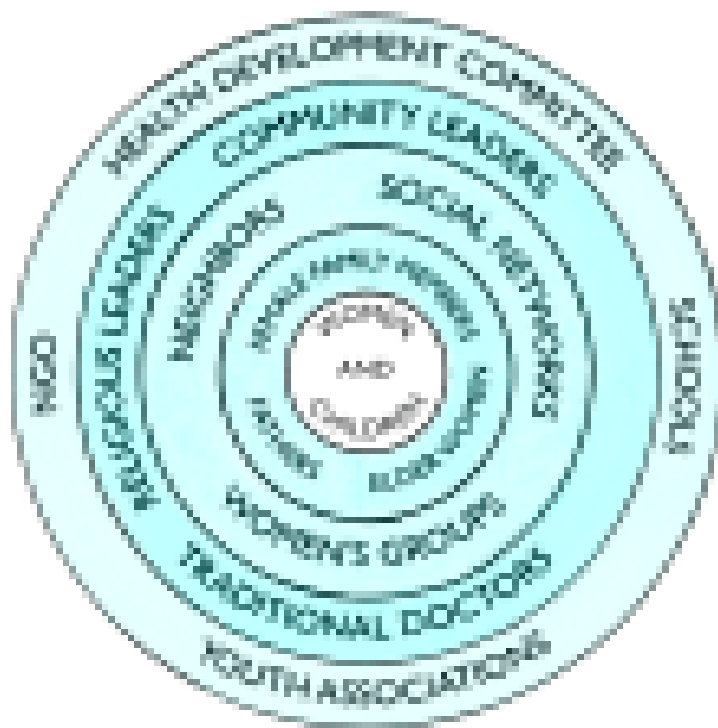
The ideal is that a community recognizes its nutrition problem and write proposals to remedy the situation. The action may be entirely supported through the communities, own self-help possibilities or it may require government or other “external” support. The reality, however, is that most community nutrition programs are initiated externally.

The specific interventions proposed and adopted should be based on the communities analysis of their particular situation. Since CNPs are defined as a collection of activities aimed at solving the nutrition problems of a community, decisions have to be made with regards to which intervention strategies/approaches best correspond to the nature and causes of the problems identified in step 2.

The table 3 page 31 compares the services usually offered by community programs with those usually demanded by communities.

The malnutrition causal analysis will expose the different opportunities for addressing a communities nutrition problems. For various reasons including financial and material limitations, no single program will be able to address all problems. The key is to identify what is possible within the scope of the program and use the

**FIGURE 6:**  
**KEY GROUPS TO BE TARGETED BY A COMMUNITY NUTRITION INTERVENTION**





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existing coordinating systems to involve other sectors and partners in addressing some of the other problems.

Communities can participate at different levels in selecting program interventions strategies and in the implementation of the programs as a whole. (Table 4, Page 33) shows various ways in which local people can be involved with different levels of participation.

The Nutrition Minimum Package or MINPAK, described in Box 7, page 32, is an example of an intervention strategy determined from the outside and implemented with community assistance. It targets the six most important nutrition behaviors for improving child feeding practices and preventing malnutrition. However, communities themselves can decide on and take responsibility for the types of interventions they will seek out.

The conceptual framework can be used to facilitate identification of appropriate actions. When a community has identified the causes of its nutrition problems, it can seek technical expertise to facilitate identification of suitable interventions.

### KEY QUESTIONS

- *How do we avoid conflict of priorities among program planners, service providers, donors, and the community?*
- *How do we limit/manage the frustrations of the community linked with its numerous expressed needs that cannot be satisfied?*
- *How do we link the expressed nutrition problems with the appropriate intervention strategies?*
- *How do we ensure that the services that are ultimately offered are in harmony with the demands of the community?*

**TABLE 3**  
**A COMPARISON OF SERVICES DEMANDED BY COMMUNITIES AND OFFERED BY COMMUNITY PROGRAMS**

SERVICES USUALLY OFFERED BY PROGRAMS	SERVICES DEMANDED BY COMMUNITIES
<ul style="list-style-type: none"> <li>◆ Growth monitoring</li> <li>◆ Nutrition education</li> <li>◆ Antenatal care</li> <li>◆ Immunization</li> <li>◆ Management of diarrheal disease</li> <li>◆ Environmental sanitation</li> <li>◆ Latrine construction</li> <li>◆ Promotion of food security</li> <li>◆ Income-generating activities</li> <li>◆ Micronutrient supplementation micronutrient deficiencies</li> <li>◆ Training, sensitization, and mobilization of communities.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Improved access to health care</li> <li>◆ Health promotion and prevention of disease</li> <li>◆ Improved evacuation systems</li> <li>◆ Improvements in access to potable water</li> <li>◆ Improvements in food security</li> <li>◆ Access to credit</li> <li>◆ Construction of classes for literacy training</li> <li>◆ Improved transportation systems</li> <li>◆ Technology to reduce women's workload</li> <li>◆ Provision of fertilizers</li> <li>◆ Vegetable production</li> <li>◆ Access to markets for sale of agricultural produce.</li> </ul>

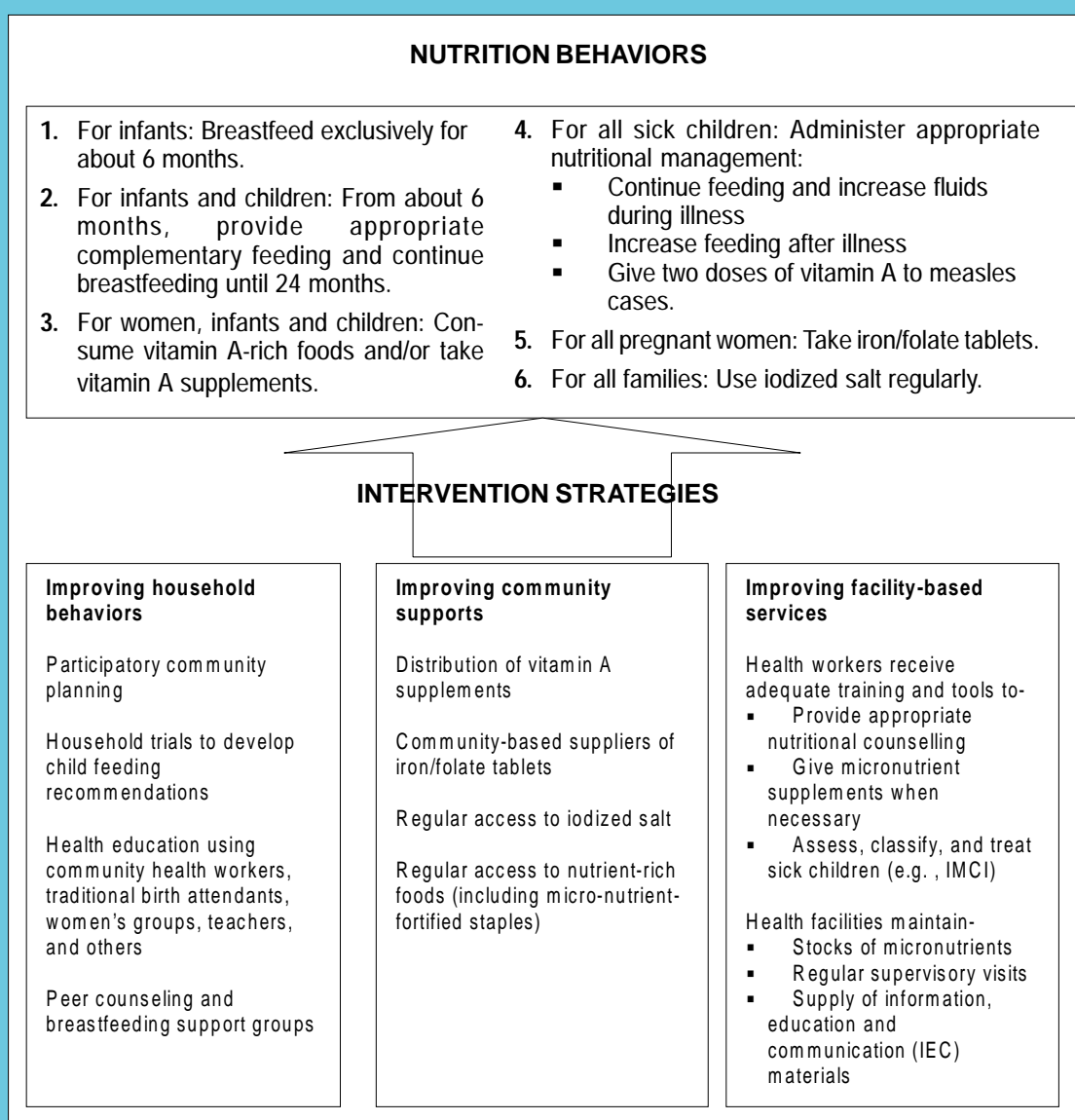
*Source: UNICEF, 1997, Sub-regional workshop on Community-Based Activities, 1-4 November, 1997, Nouakchott, Mauritania.*

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There are five important considerations when selecting the most suitable strategies to employ in a community nutrition intervention:

- ◆ **Appropriateness of the intervention to the community.** Does the community have the capacity to sustain such an intervention?
- ◆ **Social impact of the intervention.** Does it support the mobilization of members of the community, especially women?
- ◆ **Proven impact on health and nutrition.** Will the intervention make a difference?
- ◆ **Economic impact.** Has it the potential to increase household income and community economic status?

**Box 7**  
**THE NUTRITION MINIMUM PACKAGE INTERVENTION STRATEGY**



The MINPAK approach is being implemented in five African countries through integration with routine maternal and child health activities.

*Source: Tina Sanghvi & John Murray. Improving Child Nutrition through Nutrition: The Nutrition Minimum Package, BASICS, 1997.*

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<b>TABLE 4</b> <b>THE PARTICIPATORY CONTINUUM</b>		
MODE OF PARTICIPATION	INVOLVEMENT OF LOCAL PEOPLE	RELATIONSHIP OF RESEARCH/ ACTION TO LOCAL PEOPLE
Cooptation	Token representatives are chosen but with no real input or power.	ON local people
Compliance	Tasks are assigned with incentives; outsiders decide the agenda and direct the process.	FOR local people
Consultation	Local opinions are asked; outsiders analyze and decide on the course of action.	FOR/WITH local people
Cooperation	Local people work together with outsiders to determine local priorities; responsibility remains with outsiders for directing the process.	WITH local people
Co-learning	Local people and outsiders share their knowledge and understanding to create new understanding and work together to form action plans, with outsider facilitation	WITH/BY local people
Collective action	Local people set their own agenda and mobilize to carry it out in the absence of outsiders initiators and facilitators.	BY local people

**Source:** Adapted from Pretty (1995) in Cornwall (1996). *Towards Participatory Practice: Participatory Rural Appraisal and the Participatory Process*. In Korrie de Konig and Mation Martin (Eds). *Participatory Research in Health: Issues and Experiences*. London: Zed Books. Appearing in de Negri B, Thomas E, Illinikumugabo A, Muvandi I. *Empowering Communities: Participatory Techniques for Community-Based Programme Development*. Volume I: Trainers Manual. June 1998.

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- ◆ **Existence of other complementary developmental activities.** Do other programs address similar issues or implement similar strategies?

A package of services for community development is better appreciated than narrowly focused nutrition interventions, which tend to generate community confusion. The key is to limit the program to a package of small but do-able number of interventions.

**Types of strategies employed by community nutrition programs**

A review of community-based nutrition programs reveals a wide range of strategies employed, from growth monitoring and breastfeeding promotion

to improved access to credit and women's and girl's education. Most programs offer a minimum package of nutrition services, such as: growth monitoring of children, including the referral of malnourished children; IEC activities, including nutrition education for mothers and food preparation demonstrations; and home visits of at-risk individuals.

Appendix 5 show the range of strategies that can be used in CNPs.

**Niger**

**Box 8**

**MATCHING THE INTERVENTION STRATEGY WITH THE NUTRITION PROBLEM**

*In Niger, an analysis of the nutrition situation revealed that a high population growth rate, poor access to health services, and inappropriate diets, coupled with a declining socioeconomic situation and environmental degradation were largely responsible for the poor state of health and nutrition among the population. Worst hit were women and children, as shown by high rates of infant mortality, high rates of low birth weight, acute and chronic malnutrition, and micronutrient deficiencies.*

*The following strategies were identified to promote nutrition: vitamin A supplementation, community-based growth monitoring, nutrition education, literacy training and the placement of labor-saving equipment for women, promotion of strategies to rehabilitate and protect the environment and diversify food production, establishment of community cereal banks, promotion of food processing and preservation techniques.*

**Source:** Dr Bakari Sedhiou, "Expérience nigérienne en matière de programme de nutrition communautaire : Cas du programme nutrition/sécurité alimentaire familiale/Environnement", UNICEF-NIGER, 1995-1998.

**Senegal**

## Box 9

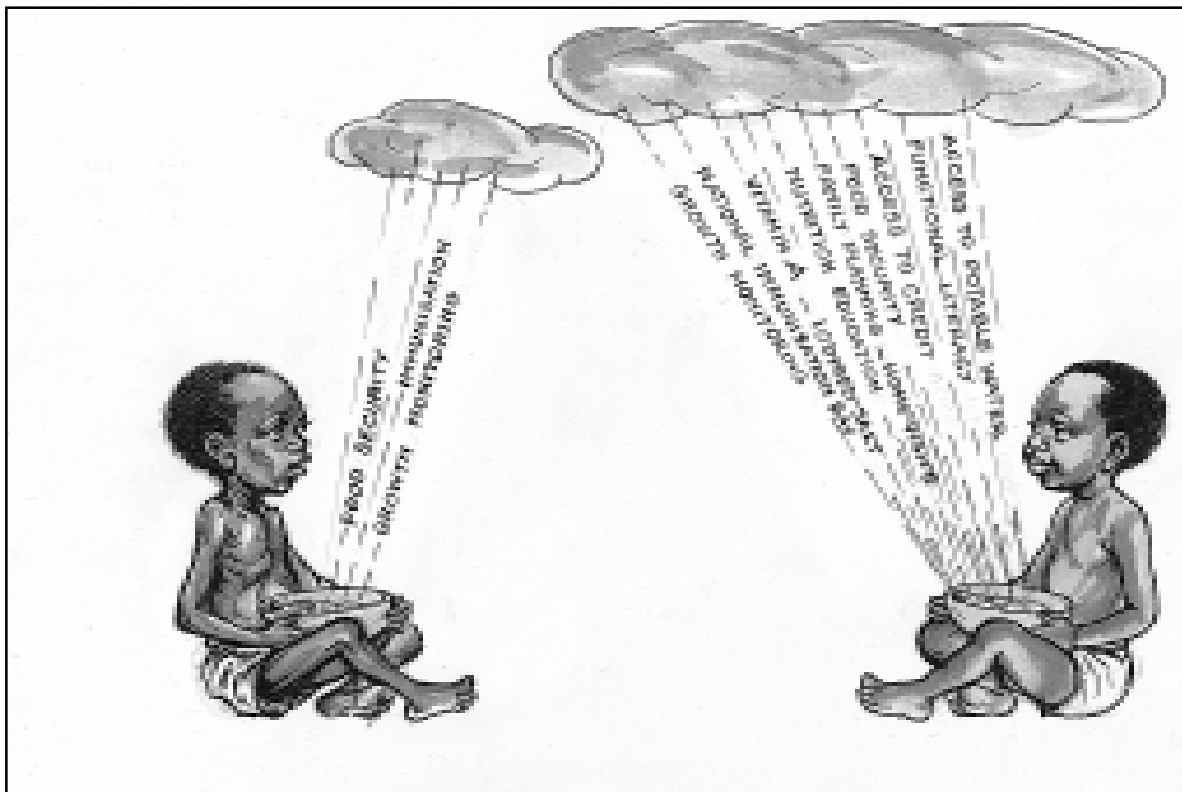
## WOMEN MONITOR THE GROWTH OF THEIR OWN CHILDREN

In Senegal, selected women from local women's groups in the Dioffior health district have been trained to conduct monthly growth surveillance of infants ages 6 to 36 months and promote improved feeding practices to mothers of these children.

These women, known as nutrition promoters, organize monthly weighing sessions at the village level and record vital information on each child in a register. After weighing the child, the promoter counsels the mother on appropriate feeding for her child based on a specially developed counseling chart. The mother is congratulated if the child is progressing well, and sick children are referred to the nearest health facility.

This approach to growth promotion has led to an increased understanding by mothers of the factors that affect infant growth. A marked reduction in child morbidity has been observed, and community leaders have noted an greater community interest in the welfare of their children.

**Source:** Dr Anta Tal-Dia, Rapport d'évaluation des activités de nutrition communautaire dans le district sanitaire de Dioffior. 1996



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## THINGS TO BEAR IN MIND

- ✓ *While the extent of targeting is determined by the availability of resources, the most appropriate targeting strategy, criteria, and procedures will depend on the program objectives, specific interventions, and local conditions.*
- ✓ *Targeting should be flexible enough to adapt to the changes in nutrition status and needs.*
- ✓ *Targeting strategies can vary by program component, to use program resources in the most efficient way possible.*
- ✓ *It is important to limit the number of interventions/program components to a few critical ones because it is not possible to address all the factors that affect nutrition status, and these critical components cut across sectors.*
- ✓ *The selection of a simple, minimum, 'do-able' package of interventions tends to be more effective.*
- ✓ *The selection of strategies that address some of the priority felt needs of the community will be a good motivating tool.*

## DEVELOPING THE INSTITUTIONAL FRAMEWORK FOR ACTION

Once the appropriate program intervention strategies have been selected, the key partners should decide who is going to do “what,” “how,” and “when” to make the program work.

### Defining the management and programmatic roles of different partners

Community-level organizational capacity is a key to success of community nutrition programs (Gillespie et al. 1996). This capacity can be facilitated through selection of simple and do-able interventions, and by building capacity to ensure that roles are carried out effectively and efficiently.

In contrast, a high visibility of central-level actors in the execution of activities at the community level may result in poor sustainability. This can happen where:

- ◆ there is a lack of coordination and involvement of communities in the planning process;
- ◆ there is a lack of organized and motivated community-based structures; and
- ◆ complex intervention approaches beyond the capacity of community service providers agents and structures are selected.

What is important is to aim at achieving an institutional framework where structures operating closer to the community focus on technical and operational input and supervision, and those further away from the community on policy direction and advocacy.

Table 5 (page 38) presents the typical roles of different partners involved in implementation of community nutrition programs.

### The role of partners at the community level

Countries implementing the primary health care strategy as a means of providing basic health services at the community level usually have health workers, such as community health nurses, traditional birth attendants, and village health workers who operate from this level. However, these workers usually have too many responsibilities. The assumption of roles by members of the community is a key factor for ownership and success of community nutrition programs.

The four essential partners operating at the community level are members of the community themselves, community leaders, community groups, and community service providers. The common roles of these partners are:

### KEY QUESTIONS

- *Which function would best be located and performed at which level, and by which institution?*
- *How do we ensure that different partners are committed to their roles?*

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<b>TABLE 5</b> <b>TYPES OF ROLES PERFORMED BY DIFFERENT PARTNERS AND AT DIFFERENT LEVELS</b>		
Key Roles	Who Concerned	Level
Policy Guidance	Sectoral ministries Coordinating teams	} National level
Advocacy	Sectoral ministries Technical experts Executing agencies	} National level
Planning	Sectoral ministries Technical experts Executing agencies NGOs Intersectoral teams Community leaders Community based organizations Extension agents Community service providers	} National level } Regional level } Community level
Resource Mobilization	Sectoral ministries Executing agencies NGOs Sub-central level heads NGOS Community-leaders Community-based organizations Community members Community service providers	} National level } Regional level } Community level
Training and Capacity-Building	Technical personnel NGOs Sectoral representatives Extension agents	} National level } Regional level } Community level
Monitoring and Evaluation	Sectoral ministries Executing agencies NGOs Community service providers Community members	} Regional & national Level } Community level
Supervision	Sectoral ministries Executing agencies Extension agents Community leaders	} Regional level } Community level
Service Delivery	Sectoral ministries Executing agencies NGOs Community groups Community service providers	} Regional level } Community level



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● **The role of women and women's groups**

Ensuring women's active participation beyond the level of beneficiaries is of paramount importance. Women, more than other members of the community, should be able to benefit more from a community nutrition program. This is due to their major role in the feeding and nutrition of the household and their poor access to services that support this role. Community nutrition programs should serve as a means of improving women's well-being and socioeconomic status by:

- ◆ increasing their ability to make informed choices that affect their lives as child-bearers and those they care for, through nutrition education;
- ◆ improving their socioeconomic status and financial independence through establishment of income-generation activities and the promotion of skills in functional literacy;

<b>Box 10</b> <b>COMMON ROLES OF DIFFERENT COMMUNITY-BASED PARTNERS</b>	
<b>THE COMMUNITY</b>	<b>COMMUNITY LEADERS</b>
<ul style="list-style-type: none"> <li>◆ Participate in program planning exercises</li> <li>◆ Establish a Community Nutrition Committee using existing community organizational structures</li> <li>◆ Identify community nutrition agents and means of motivating them</li> <li>◆ Make in-kind or in-cash contributions in support of program activities</li> </ul>	<ul style="list-style-type: none"> <li>◆ Participate in program planning exercises</li> <li>◆ Resolve conflicts and disputes related to management of the program</li> <li>◆ Mobilize community for action and resource allocation</li> <li>◆ provide leadership and guidance</li> </ul>
<b>COMMUNITY DEVELOPMENT COMMITTEE</b>	<b>COMMUNITY SERVICE PROVIDERS</b>
<ul style="list-style-type: none"> <li>◆ Cooperate with community nutrition agent to sensitize and mobilize the community</li> <li>◆ Resolve organizational problems of the program</li> <li>◆ Ensure the smooth running of the program</li> <li>◆ Mobilize material and financial resources</li> <li>◆ Supervise other locally based actors (such as traditional communicators and peer counselors)</li> </ul>	<ul style="list-style-type: none"> <li>◆ Conduct monthly weighing of under-five-year-olds</li> <li>◆ Counsel mothers of malnourished children</li> <li>◆ Refer malnourished children to appropriate health facility</li> <li>◆ Conduct nutrition education sessions</li> <li>◆ Conduct home visits to at-risk individuals</li> <li>◆ Account for revenue generated by the program</li> <li>◆ Collect basic data for monitoring of program</li> <li>◆ Distribute of vitamin A, iron and folate supplements</li> </ul>

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### Mauritania

#### Box 11

#### WOMEN AT WORK: GENERATING RESOURCES FOR COMMUNITY NUTRITION ACTIVITIES

*In Mauritania, groups of women from a low socioeconomic and highly populated neighborhood of the capital of Nouackchott are forming income-generating enterprises to raise money to fund community-based nutrition activities. With a seed grant from UNICEF, community shops have been opened to sell basic commodities such as tea, rice, milk, sugar, and butane gas at highly competitive prices. The shops are also used as outlets for the sale of local weaning foods and iodized salt.*

*The revenue generated is divided into three parts. One part is used to replenish the shops' stock. Another part is shared among the members of the group, which range from 60 to 100 women. A third part funds certain activities of the local nutrition center, such as cookery demonstrations..*

**Source:** Dr Aliou Momadou Sall, Nutrition Division, Ministry of Health and Social Affairs, Mauritania.

- ◆ reducing their burden of work through promotion of appropriate labor - saving devices and post-harvest equipment; and
- ◆ improving their decision-making capacity by involving them in all aspects of the program planning process and giving them key responsibilities in the management of the program.

#### The role of community service providers

Community service providers play a crucial role in bringing community nutrition programs to life. Their selection and role definition are among the most important and difficult decisions to be made. Many programs choose a mix of locally selected, community service providers to conduct nutrition-related services such as growth monitoring, screening for supplementary feeding, nutrition education, and follow-up of at-risk persons such as pregnant mothers and malnourished children.

Strategies such as the use of peer counselors to conduct home visits to at-risk mothers and children and the use of traditional communicators in message delivery will help to limit the responsibilities of community service providers.

#### Ensuring that the best person is chosen for the job

In most programs, the community is responsible for identifying the most appropriate person to serve as a community service provider. In many African communities, there is a lot of pressure on communities to select candidates based on their relationship with community leaders, and sometimes for political reasons. A lot of time and money can be wasted if unqualified candidates are selected.

Almost all community nutrition programs use criteria to help select the right person for the job. Communities should be involved in a thorough discussion of criteria for choice of service providers. Ideally, communities should set their own criteria. A process of negotiation is sometimes necessary in circumstances where candidates who meet all the criteria are difficult to identify.

Commonly used criteria for selection of community service providers can be divided into four categories:

1. **Residency:** An agent who is a local resident of the community and is known by members of the community is considered to be a key factor for sustainability. It promotes community

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ownership, provides an opportunity to build indigenous capacity, and reduces the risk of attrition.

2. **Gender:** Some programs, because they target largely women of childbearing age, include criteria relating to gender, showing a preference for female agents.
3. **Educational level:** Community service providers will be expected to carry out a host of tasks, such as community animation, information transfer, and record-keeping. Such tasks require certain skills and capacities that require a basic level of education.
4. **Personality traits** such as honesty, good organizational skills, high motivation, patience, and flexibility are important but often neglected criteria for selection of community service providers. Such criteria are especially impor-

tant where local workers are voluntary or are paid a token amount in cash or kind.

#### Motivation of community service providers

In rural African communities, high rates of urban migration among young educated men and low levels of female literacy can make identification of a suitable candidate a daunting task. After selection, some of them are expected to work for no remuneration, and when they are paid, salaries tend to be very low. Therefore, it is important to ensure that service providers are well-motivated so that they will remain in the job and perform effectively.

Programs use various methods of motivation, such as training exercises, awards, remuneration (cash or in-kind), and regular supervision. The issue

### Box 12 HEAD-HUNTING FOR THE BEST COMMUNITY SERVICE PROVIDERS

<p style="text-align: center;"><b>SENEGAL</b></p> <p><b>The AGETIP Community Nutrition Program</b> <i>Selection of Youth Associations to serve as Community Service Providers</i></p> <ul style="list-style-type: none"> <li>◆ Educational level</li> <li>◆ Professional experience</li> <li>◆ Community experience</li> <li>◆ Gender ratio (more female than male members)</li> <li>◆ Resident locally</li> </ul>	<p style="text-align: center;"><b>NIGER</b></p> <p><b>Ministry of Public Health, Promotion of Community-based growth promotion (PSCAC)</b> <i>Selection of growth promotion village teams</i></p> <ul style="list-style-type: none"> <li>◆ Known by the community</li> <li>◆ Can read and write (where this is not possible and the candidate is considered to be a good choice, he or she is exposed to a 45-day functional literacy training)</li> <li>◆ Women of childbearing age</li> </ul>
<p style="text-align: center;"><b>TOGO</b></p> <p><b>Ministry of Health, Growth Promotion Control Program (CPC)</b> <i>Selection of «hommes et femmes responsables»</i></p> <ul style="list-style-type: none"> <li>◆ Minimum of six years of education</li> <li>◆ Resident in the community</li> </ul>	<p style="text-align: center;"><b>GUINEE</b></p> <p><b>Ministry of Public Health, Community-based information system (SIAC)</b> <i>Selection of Community Service Providers</i></p> <ul style="list-style-type: none"> <li>◆ Ability to read in at least one of the locally spoken languages</li> <li>◆ Will work voluntarily</li> <li>◆ Local resident</li> <li>◆ Has the confidence of the community</li> <li>◆ Female agents preferred</li> </ul>

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of payment for community service providers is one most programs have to grapple with at some time. Some programs expect community service providers to work on a voluntary basis. This brings into question the ethics and feasibility of expecting persons from poor communities with limited economic and employment opportunities to work for free for an extended period of time.

A study of the feasibility of using non-compensated community health volunteers, drawing from examples from Botswana, Colombia, and Sri Lanka, concluded that large-scale community volunteer programs will be characterized by high attrition rates and low activity levels and will only be sustainable under particular enabling conditions (Walt et al. 1989).

### **Eliciting commitment of partners to their roles**

In a community nutrition program, partners at various levels have different and important roles and functions. Prior to implementation of field activities, it is vital that all levels fully understand their responsibilities within the program and are committed to carrying them out.

### **Sensitizing partners on their roles**

Once the responsibilities of partner organizations and structures have been defined, each level should be fully briefed on its role in the program. The regional level plays a critical role and should ultimately be responsible for coordination and supervision of activities at the field level. As such, representatives from the central level and management from other partners should provide their subordinates operating from the sub-central level with a clear and well-defined mandate for implementation.

In turn, the regional level should ensure that the personnel who operate at this level and below, such as staff of health facilities and extension workers, are fully aware of their roles. It is vital that extension workers who serve as supervisors

to community service providers have a complete understanding of the program and are motivated to participate effectively in all stages of implementation.

Regardless of whether the community was involved in the planning the program, particular attention should be paid to informing them about how and why they are involved. This can be done through community meetings with community heads using the existing structure responsible for community development as an entry point. The role of the community and various prominent actors within the community, such as the community service providers and the program coordinating committee, should be reviewed with the community.

### **Contractual agreements among partners**

Appropriate mechanisms should be put into place to ensure that partners are committed to their respective roles in the program and that they are accountable for material and financial resources placed at their disposal. The signing of contractual

#### **SOME CONDITIONS THAT FAVOUR VOLUNTARISM**

- ◆ Where there are substantial numbers of young, relatively well-educated men and women in rural areas, for whom further training or employment opportunities are lacking.
- ◆ Where the religious or ethical value of serving others through voluntary work is a strong cultural force.
- ◆ Where traditional, often authoritarian, structures underlie expectations of voluntarism.
- ◆ Where political commitment, sometimes under adverse conditions, unites and stimulates voluntary effort.

**Source:** Walt G, Perera M and Heggenhougen K (1989). *Are large-scale volunteercommunity health worker programmes feasible? The case of Sri Lanka. SocialSciences and Medicine*, 29 (5). In Jennings et al (1991) *Managing successculnutrition programmes. ACC/SCN State-of-the-Art Series, Nutrition Policy Discussion Paper, No 8.*

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agreements between partners is a formal way of doing this and it should help encourage accountability and efficiency in the provision of services.

#### What is a contractual agreement?

It is an accord between two partners or stakeholders obliging them to provide certain resources or infrastructure or perform certain roles and responsibilities. It can be signed between different stakeholders for different purposes and at different implementation levels. For example, it can be between the government and the executing agency responsible for overall coordination of the program (if an NGO or private sector); between the executing agency or government and special institutions selected for the provision of special services - e.g., training and IEC materials development; or the executing agency or government and NGOs or community-

based organizations for the provision of certain services - e.g., management of income-generating activities, coordination of field activities; or between the executing agency or government and the community for the provision of certain services, e.g., resource mobilization, identification of community service providers, and maintenance of infrastructure. The final step in the program planning process is development of a program action plan.

#### Defining program activities and time frame for implementation

For each program objective and corresponding strategy, there should to be a detailed list of all the activities that need to be completed during the program, how each one will be done, who will be responsible for doing it, and when each activity will begin and end.

### Togo

#### Box 13

#### COMMUNITIES COMMIT THEMSELVES TO IMPROVING GROWTH PROMOTION

*In Togo, to identify villages to be covered by the growth promotion control program (CPC), villages with low attendance rates at growth surveillance sessions held at peripheral health units are identified.*

*The villages are visited and meetings held with village heads to discuss the reasons for the low attendance rates and to tell them the benefits that can be gained from participating in the community growth promotion control program. The communities are given a month to think over the proposal and arrive at a consensus. A contract is then signed with those villages that agree to meet the conditions of being a CPC village.*

*These are:*

- 1. To identify of two men and two women known as “responsible men and women” (HFR) and three members to serve on the management committee responsible for the village pharmacy box (COGES-comité de gestion de la boîte à pharmacie villageoise). The HFR and members of the COGES should be well known by members of the community, resident in the community, have concern for the general well-being of the community and be available at any moment to respond to their needs;*
- 2. To propose ways of motivating the HFR; and*
- 3. To construct a box with a lock with specified dimensions to store medicines.*

**Source:** Interview with Andrée Bassouka, Nutrition Service, Department of Family Health, Lomé, Togo.

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### Box 14

#### DIVERSIFYING PARTNERSHIP: CONTRACTING OUT COMMUNITY NUTRITION SERVICES

In Senegal, the Community Nutrition Project contracts out to NGOs, local groups, or local institutions the services to be delivered as well as supervision, training and research activities. In Madagascar, some services of the Community-Nutrition Project are also contracted out to local NGOs and consultants.

#### TYPES OF SERVICES BEING CONTRACTED IN EACH PROJECT

TYPE OF SERVICE CONTRACTED	SENEGAL	MADAGASCAR
Service-delivery e.g., weighing of children, IEC, food distribution	Income-generating enterprise	Community nutrition worker
Training	Local consultant; local training institution	—
Supervision	Income-generating enterprise or NGO	NGO
Operations research	Local consultant; local research institution; university	Local consultant; local research institution; university
Overall project management	AGETIP	Project's unit (SECALINE)

Source: Tonia Marek, "Successful contracting out of prevention services in Africa: The cases of Senegal and Madagascar in fighting malnutrition." Unpublished, 1998.

## THINGS TO BEAR IN MIND

- ✓ *Allocation of roles and responsibilities should take into consideration the severe constraints on women's time.*
- ✓ *In an effort to emphasize on women's capacity-building, the gender perspective should be taken into consideration.*
- ✓ *Care should be taken in the identification of existing women as managers of an income generating activity, making sure that their current interests and capacities are compatible with the modalities of such an activity.*
- ✓ *The roles assigned to community service providers should be limited to a narrow range of duties. Overburdening poorly paid community service providers could provoke a loss of interest in the job.*
- ✓ *Their roles, work routines, and priority tasks should be clearly defined.*



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## DESIGNING AN APPROPRIATE PROGRAM ACTION PLAN

### Time frame for development of a community nutrition program

Time frame planning should take into consideration the fact that at the beginning of the program, staff might have to be trained and materials developed before implementation of activities in the form of services to the community begins. The initial phase of a program should focus on community mobilization to identify key community-based actors and build capacity of program implementation staff so that they can assume their roles. Baseline studies, and development and testing of IEC materials and program pilots can also be conducted at this stage. A pilot project allows the staff to go through all essential steps from planning to evaluation in rapid succession, and it provides rapid feedback on what works and what doesn't (Parlato & Seidel, 1998).

The next phase focuses on initiation of activities at the community level and expansion of coverage of programs that were previously implemented on a pilot scale. It might not be possible to address all intervention strategies at once. Different strategies can be introduced on a phase-

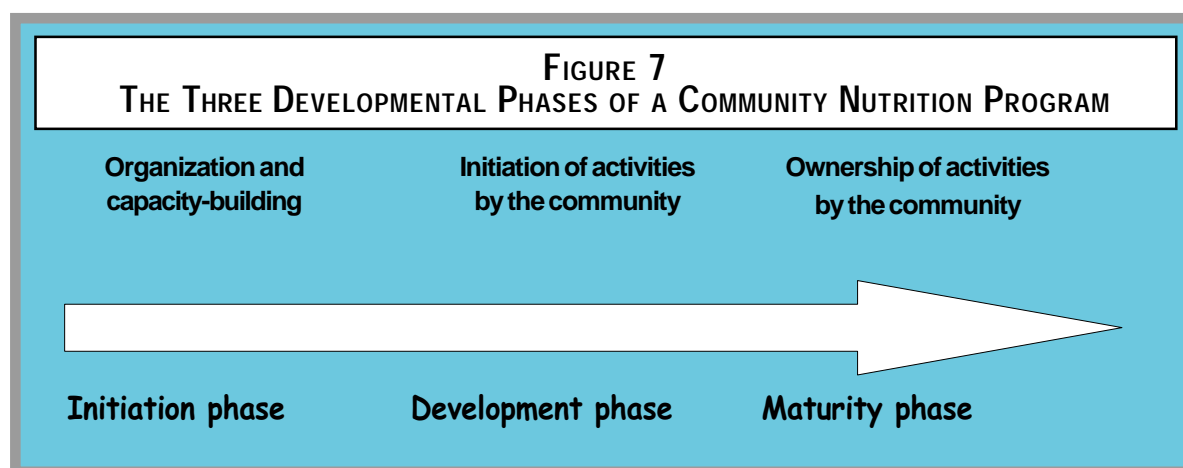
by-phase basis, leaving to last those that require a substantial level of capacity-building.

As the program cycle progresses, focus should then be on transferring responsibility of activities to the community. If this is achieved, the community will be able to assume ownership of the program, and the program will have a greater chance of sustainability.

### Determining the amount of resources needed

A budget is generally prepared once program activities have been determined. It details the resources and costs for carrying out the program.

The costs of all proposed activities need to be included, such as research (baseline studies and assessment, pre-testing of messages, materials and approaches; operational research; monitoring; and evaluations); training exercises; community-based meetings; IEC materials development; supplements; mobilization and public information activities; technical assistance, etc.



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### ***Developing a financial plan***

Many programs are planned without due consideration given to the generation and source of financial resources and, ultimately, the long-term financial sustainability of the program.

After cost estimates are made, cost sharing strategies among the different stakeholders, including the community, need to be worked out. Such strategies should be feasible and realistic and are usually based on the type of services to be provided by each partner and its financial capacity. On the part of the community, a series of discussions will need to take place to determine the level of contribution to be expected from it.

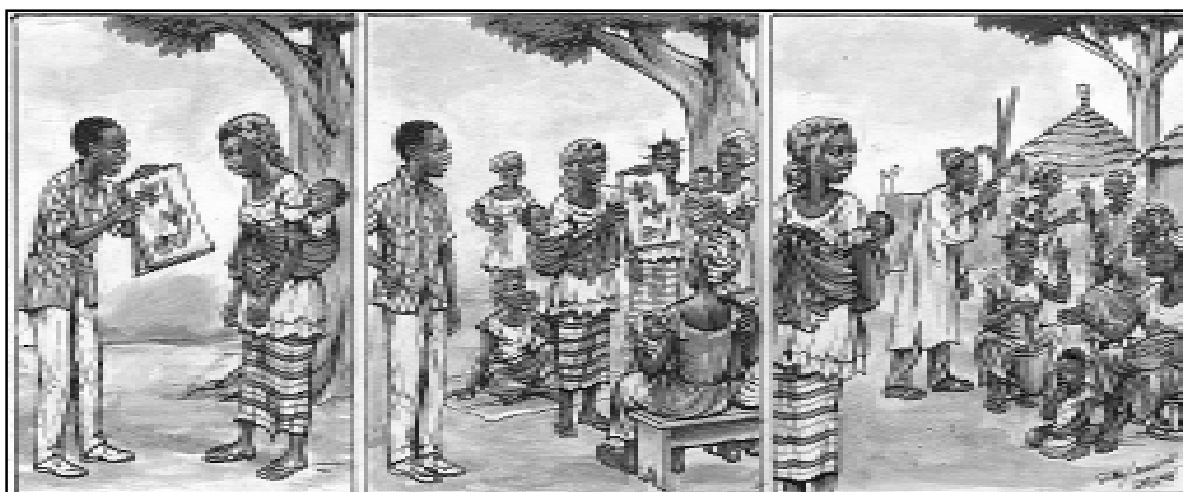
Complete community autonomy over the provision of resources required is the ultimate intent for sustainability of any community-based program. This might not be totally feasible, but for sustained effectiveness, it is imperative that the community and local/national program/service delivery agents - e.g. government and NGOs - are the major source of funding.

Where community nutrition programs are highly dependent on external resources, plans should be

made to progressively reduce this dependency, diversify the donor base, and link community nutrition programs with other existing programs e.g., government PHC, health service delivery system.

The following strategies will help secure the financial sustainability of programs:

- ◆ Obtaining the financial involvement of the state
- ◆ Obtaining the political commitment of the state to invest in nutrition
- ◆ Avoiding high-cost intervention strategies
- ◆ Obtaining the financial participation of beneficiaries
- ◆ Discussing with communities from the onset the different types and modes of self-financing
- ◆ Involving the communities in the management of financial resources
- ◆ Obtaining the financial participation of community development committees



**INITIATION  
PHASE**

**DEVELOPMENT  
PHASE**

**MATURITY  
PHASE**



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- ◆ Obtaining a more balanced involvement of women in the management of resources
- ◆ Exploiting the possibilities of linkage with other local interventions
- ◆ Using local resources and appropriate technology.

## THINGS TO BEAR IN MIND

- ✓ *The amount of time allocated to each activity and phase depends on experiences and situations in each country.*
- ✓ *Time should be given to test approaches and strategies. The initial phase of the program should concentrate on testing approaches to verify their appropriateness to the particular situation, identify possible obstacles and problem areas, and make revisions. A good idea is to start small before expanding or going to scale.*
- ✓ *Periods for systematic evaluations should be included in the time frame.*

## ENABLING COMPONENTS FOR AN EFFECTIVE PROGRAM FRAMEWORK

### 1. INTRODUCTION

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A well-designed and thought out program action plan represents the initial framework for program implementation. This framework should be refined and updated continuously based on feedback from monitoring activities.

However, this is only a small step toward achieving the program goal. A community nutrition program can only be successful if:

- ◆ Program targets place some value on the perceived benefits of the intervention.
- ◆ Program targets are willing and able to change those behaviors and practices that have a negative influence on nutritional status.

- ◆ Key partners responsible for change are equipped and supported to do their jobs effectively and efficiently.

This section focuses on some of the enabling features for making this happen, including:

- ▢ Capacity-building for all key partners for effective action
- ▢ Nutrition communication and education aimed at behavioral change
- ▢ Collection of reliable information to measure impact and progress.

### 2. CAPACITY-BUILDING FOR ACTION

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Capacity-building and human resource development have made it possible for some community nutrition programs to achieve significant reductions in malnutrition (UNICEF, 1993; Gillespie et al., 1996). Inherent in such programs is the notion that **the program should empower community members so that they have the ability and confidence to act collectively to influence their quality of life.**

A key feature of the empowerment process is promotion of community participation. However, maximum community participation can be impeded by practices and circumstances such as:

- ◆ a lack of involvement of community members in the program conceptualization process, making ownership of programs difficult to assume;

- ◆ the poor listening capacity of technical partners operating at the community level, resulting in a tendency to dictate rather than facilitate development of community initiatives;
- ◆ high levels of illiteracy at the community level that limit members' capacity to assume certain responsibilities and enforce certain strategies;
- ◆ inadequate negotiation skills at all levels that are necessary for building partnership in the program development and implementation process;
- ◆ a lack of confidence in the community's ability to influence its members' lives in a positive manner; and
- ◆ a general perception on the part of communities that the government provides services and the community receives

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### Maximizing Community Participation through the Triple A Cycle

Many communities will have had some experience working with external development partners to develop and/or implement community development activities. A good start will be to build on the community's current skills and experiences after exploring its past role in such activities and the approaches used to foster partnership.

A number of programs now use the UNICEF Triple A cycle and malnutrition conceptual framework as tools to engage the community in assessing and understanding their own nutrition situation, and developing of appropriate action based on available resources. See Section III, Step 3, page 27.

### KEY QUESTIONS

- *What approaches and mechanisms exist to strengthen collaboration among different partners in nutrition programs and maximize community participation?*
- *What knowledge and skills are required to ensure that each partner is able to fulfill its role?*

### Tanzania

### Box 15

#### HOW ANIMATION FACILITATES COMMUNITY PARTICIPATION

*In Tanzania, the Child Survival Development Program used animators to encourage community participation in the planning process. A month was spent gathering socioeconomic data in the village to obtain a comprehensive picture of the situation. To encourage the community to participate, animation was used as role-playing, case studies and stories, traditional songs, poetry, dance, and games to give villagers the opportunity to express themselves, communicate their concerns, and experience the analysis/planning exercise firsthand. The use of role-playing objectified the problem and made apparent need for change obvious to everyone. Through dialogue, the animator guided the villages in identifying actual causes, using the UNICEF conceptual framework. The program found existing extension agents to be effective animators because they lived in the villages, understood the prevailing problems, and could better stimulate interaction between the indigenous system and institutions.*

*The responsibilities of the animator included:*

- ◆ *engaging villagers in dialogue and cooperate with them in collecting and analyzing basic socioeconomic data to better understand their real situation;*
- ◆ *identifying different socioeconomic groups in the villages and stimulate these groups to investigate their needs and problems of concern;*
- ◆ *assisting people in exploring possibilities to enhance their opportunities and improve their well-being;*
- ◆ *assisting people to translate perceived possibilities into action, mobilize required resources, and involve the necessary local mechanisms to carry out the actions required; and*
- ◆ *linking animated groups with one another and with appropriate institutions to manage development activities effectively.*

**Source:** UNICEF. "We will never go back : Social mobilization in the Child Survival and Development Program in the Republic of Tanzania." New York: Dar es Salam, 1993

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### Developing partnership and negotiation skills

A feeling of partnership among all partners, particularly those involved at the community level, is vital for building communities' confidence in their abilities to make a difference. Negotiation among all stakeholders to arrive at common goals and objectives is essential for building partnerships.

The role of the community agent/health promoter should be to facilitate the negotiation process and enable communities to take control over their health. He/she should facilitate rather than dictate and contribute to the process by encouraging and supporting community initiatives and the establishment of infrastructure and systems that promote community activity. Community agents should not approach the community with any preconceived solutions. Well-established program objectives and guidelines should provide community members with a framework to follow.

### Designing an appropriate capacity-building and training plan

Every program should have a training plan; no blueprint is advocated for all programs. Training plans should be developed based on the specific activities to be implemented, approaches to be considered, and experience and skills of key partners. Therefore, each partner should specify its training needs so that these are addressed in the training process.

Developing of a training plan should comprise the following information: (1) Who will be trained? (2) What will they be trained in? (3) Who will train? (4) How will they be trained? (5) How long should training last?

#### ● Who will be trained?

The tendency is for community nutrition programs to focus on those partners directly involved in the providing services and operating at the village level.

## Senegal

### Box 16

#### AN APPROACH FOR MAXIMIZING COMMUNITY PARTICIPATION

The use of the Negotiation-Participation-Integration (NPI) model and Learning-by-Doing-while-Observing (LDO) approach developed in the design, implementation, and evaluation of a sustainable community-based nutrition education delivery system in Senegal.

This model demonstrates three essential and interrelated principles for an action process aimed at developing partnership with communities so that they can become active partners in the process. The principles work in the following way:

**Step 1 Negotiation**—The context, goals, and objectives are shared by all concerned parties/stakeholders. This sharing requires a willingness by each stakeholder with diverging interests to enter into partnership. The outcome of the process is agreements by each stakeholder on its respective conditions for participation in the process.

**Step 2 Participation**—The specific approach to participation used was the Learning-by-Doing-while-Observing approach described below.

In this approach, the participants or stakeholders are expected to learn what to do, why, and how. The concept is applied to the assessment and analysis of their situation and formulation of potential solutions. Each stakeholder then does what is expected of it to solve the community's problems. In the process, all factors affecting the implementation of the research are observed and documented to facilitate sharing information on the experience and expanding its benefits.

**Step 3 Integration**—Integration is an outcome and an indicator of successful participation. It takes the form of an internalization of the results in the form of knowledge or skills by the individual actors or institutionalization at an organizational level.

**Source :** Serigne Mbaye Diene. *Use of participatory approaches to design, implement, and evaluate a sustainable community-based nutrition education delivery system in the Fatick region of Senegal.* Ph.D. Dissertation, May 1995.

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These include community-based trainers, community service providers, village leaders, program committee members, and IEC agents.

Experience shows that stakeholders at all levels of the implementation process, including the central and sub-central levels, might need some type of training or capacity-building. This is particularly true for those who are expected to supervise community-level workers.

Ideally, a pool of trainers and trainees should be trained to avoid the risk of compromising the smooth progress of the program due to dropout or attrition.

● **What will they be trained in?**

Implementation of a successful and sustainable community nutrition program requires awareness, knowledge, and understanding of a variety of issues and approaches and proficiency in different skills.

The following issues could be considered as part of the content of a training plan:

- ◆ **Awareness** of the importance of community participation and engagement; the importance of integrating nutrition into community development programs; the importance of demonstrated political commitment; the role of gender in developing of community nutrition programs; and an active and participatory approach to community nutrition programming
- ◆ **Knowledge and understanding** of the Triple A cycle, the conceptual framework for malnutrition causal analysis; the goal and objectives of the program; the role of different partners; the nutrition problems and practices in the community and how they will be addressed; and the management information system, including how the program will be monitored and evaluated.
- ◆ **Skills** in participatory assessment; social mobilization; negotiation; teaching adults; counseling; financial management and entrepreneurship; IEC techniques; data collection methods; supervisory guidelines; and specific skills related to the program intervention strategies employed, such as weighing and measuring of children, etc.

● **Who will train?**

To the extent possible, training should be conducted in surroundings similar to those in which trainees work. For this reason, most training of community-based stakeholders is decentralized and facilitated by training teams operating from the regional and district levels. These teams are usually composed of nurses, midwives, program managers, and nutritionists who do not always have enough knowledge about the types of teaching methods that facilitate adult learning. Some CNPs now contract out training services to consultants or institutions specializing in training. See Box 13, page 43.

● **How will they be trained?**

Adults come for training with a wealth of skills, experience, and specialized needs, and teaching them requires the use of special skills and techniques. Some guidelines for teaching adults are provided in Box 17, page 52.

All community-based nutrition program workers receive on-the-job training during routine supervisory visits. Such training is usually conducted on-site and addresses the problems that hinder job effectiveness. In addition, refresher training at regular intervals is appreciated by community health workers as a motivating tool and as another way of increasing on-the-job effectiveness.

Training objectives and procedures must be tried, tested, standardized training manuals, and subjected to periodic review. Training manuals should contain the following information: learning objectives; steps, processes and activities to meet each objective; technical information for trainers; and teaching aids.

● **How long should training last?**

The duration of training will depend on a number of factors, such as the scope of the tasks the trainee is expected to perform and the previous training and experience of the trainee. Most training is not completed in a set period of time or at the end of the formal training course. Agricultural calendars should be considered when setting training schedules in rural settings.

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**Senegal**

### Box 17: WHAT TOPICS FOR COMMUNITY SERVICE PROVIDERS?

Training community agents responsible for the management of the community nutrition centers by AGETIP

<b>MODULES TREATED:</b>	
<b>1. Information on the Community Nutrition Program</b>	<ul style="list-style-type: none"> <li>• Planning of center and community activities</li> <li>• IEC techniques</li> </ul>
<ul style="list-style-type: none"> <li>• Genesis of the CNP</li> <li>• Organizational chart of the CNP</li> <li>• Organization of community nutrition centers</li> </ul>	
<b>2. Entrepreneurship &amp; contracting out services</b>	<b>5. Guides and tools for management of CNC</b>
<ul style="list-style-type: none"> <li>• Presentation on private enterprise</li> <li>• Associations and income-generating associations</li> <li>• Private enterprises and the market</li> <li>• Contracts</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation on CNP</li> <li>• Program targets</li> <li>• Organization of the CNC</li> <li>• Roles and responsibilities of Community micro-enterprises</li> <li>• Management tools</li> <li>• Activity reports</li> <li>• Monitoring of activities</li> </ul>
<b>3. Nutrition and health; basic concepts and strategies</b>	<b>1. Organization and management of beneficiary contributions</b>
<ul style="list-style-type: none"> <li>• Food groups and cooking demonstrations</li> <li>• Growth surveillance and promotion</li> <li>• Breastfeeding</li> <li>• Malnutrition, young child feeding</li> <li>• EPI, prenatal consultation, family planning, assisted delivery</li> <li>• Acute respiratory tract infections</li> </ul>	
<b>4. IEC/ Social mobilization</b>	
<ul style="list-style-type: none"> <li>• IEC concepts and strategies</li> </ul>	

**Source:** Mr. Ibnou Gaye, AGETIP, Presentation on the Community Nutrition Project of Senegal. Presented at a Workshop on "Experiences from Community Nutrition Programs." 23-27 March 1998, Dakar, Senegal

## 3. PARTICIPATORY APPROACHES FOR NUTRITION COMMUNICATION

Traditional nutrition education approaches based on health talks and the use of printed media have had limited reach and impact. The original approaches were essentially based on the transmission of knowledge from a health agent to targets considered to be "ignorant," using formal techniques based on lectures, during which the trainees remained passive listeners. Health agents were usually health professionals, such as nurses, nutritionists, and doctors, who tended to teach what they themselves learned during their professional training.

Nutrition education/communication strategies are now moving into more innovative and interactive spheres that place greater emphasis on social communication through interaction of trainers and

trainees of the same culture, using participatory learning techniques.

A number of approaches have been used. For example, traditional communicators—e.g., griots—have been used to relay health and nutrition information through theatre, role-plays, songs, and skits. Peer counselors have been used to promote best practices with regard to infant feeding and management of childhood illness, and community and religious leaders have been used to promote family planning and preventive health services.

The goal of any CNP/IEC strategy should be to deliver culturally appropriate nutrition messages using locally available communication channels.



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It should also foster a sense of friendly competition between and among communities.

### Developing an IEC Strategy

Bringing about changes in nutritional status requires that target groups change deeply embedded cultural practices and perform these new behaviors be performed daily or more frequently over a period of years (Parlato & Seidel, 1998). Planning the IEC component of a community nutrition program is a complex exercise that requires careful thought and coordination.

The first step to developing an IEC strategy will involve selecting the priority target audience group, identifying behaviors amenable to change, testing possible improvements in practice, and assessing the locally appropriate communication channels to reach the target.

A similar approach to identifying the target group for a community nutrition program should be applied. (Described in Section 3, step 3)

The next step involves the development of the IEC strategy itself. This includes defining the objectives of the strategy, (i.e. what changes are expected), determining suitable IEC activities needed to bring about the desired behavioral changes, developing the messages and recommended practices to be communicated, and choosing the most appropriate combination of communication channels.

Prior to message promotion at the community level, IEC communicators should be trained in nutrition education. As most programs use interpersonal communication as an outreach strategy, high priority should be given to training in interpersonal communication skills such as nutrition counseling, and conducting group discussions.

**Burkina**

### Box 18

#### FUNCTIONAL LEARNING: TRAINING WOMEN ANIMATORS

**1. Training of Trainers** - This is conducted over a period of five days by members of the “Cellule Technique Nationale” (CTN) made up of four members from the ministries of agriculture, health and social action. They train the trainers who are staff of the ministries of health, agriculture and social action. The trainers then team up in groups of two’s to train the women animators. A team of trainers is responsible for training 30 women animators. Trainers are chosen based on their experience, responsibility and capacity. They are also resident in the area covered by the animators they will train.

**2. Training of Women Animators**- There are two types of training conducted: a) the classic training course and b) the specific training course for animators from guinea worm endemic zones and zones with high rates of vitamin A deficiency. Each course is conducted in phases and begins with the treatment of specific subject themes, after which the women return to their communities to practice what they have learned. Training continues with a review of the themes addressed in the first phase. Animators are taught different communication techniques and then sent back to the field to start testing their skills with mothers from their communities. From each group of 30 women animators trained in one session, 3 women who can read and write are selected to serve as supervisors. They receive an additional one day training.

**Source:** Ministries of Health, Agriculture, Social Action and UNICEF. The Village Women Animators Network in Burkina Faso. A presentation made at the UNICEF Technical Workshop on “Promoting Community-based activities” , 1-4 November 1997, Nouakchott, Mauritania.

## 4. PROGRESS AND IMPACT: MANAGEMENT INFORMATION SYSTEMS

The management information system (MIS) is an essential part of program management because it keeps program managers and decision-makers informed about impact and progress. Program managers and their counterparts at the national and community levels should use the information derived from the management information system on an ongoing basis to monitor program progress and identify logistical bottlenecks, flaws in program design, and other potential problems.

Successful management information systems are simple and straightforward to ensure that data gathered are error-free, understandable, and can be used reliably for decision-making. An MIS should be able to respond to the changing needs of the program, so that adjustments can be made in a timely manner.

The more explicitly defined the program objectives are, the easier it is to tailor the MIS to program needs. An ideal MIS should use simple ways to collect and present data to community members and other partners. In addition, the system should

serve the purpose for which planners, managers, and evaluators need the information.

The efficiency of any system will depend on an adequate understanding by program managers of the program objectives, procedures, and tools. Therefore, training and regular supervision of personnel on implementation of the MIS is of key importance.

An efficient information system requires:

- ◆ Clearly defined program objectives, to facilitate determine of pertinent activities and select useful and simple indicators.
- ◆ Simple and flexible data collection methods that can be easily presented to decision-makers.
- ◆ Simple methods to analyze data that facilitate feedback and understanding at the community level.
- ◆ A rapid analysis of information and interpretation at the decision-making level

**Gambia**

### Box 19

#### THE KABILO APPROACH: AN INDIGENOUS HEALTH COMMUNICATION CHANNEL

*In The Gambia, the Kabilo Approach is the name given to a health program in the North Bank Division piloted by Save the Children Federation USA and the Gambian Ministry of Health and Social Welfare. This approach to community health and family planning employs existing village social structures to channel development activities.*

*The strategy provides key women in the community with basic but important health information that gives them better control over their own lives. Because of the highly organized Kabilo structure, and because Kabilo women are so highly respected in their communities, the Kabilo approach was found to be ideal for disseminating health information. It helped reduce maternal and child mortality by increasing community participation in primary health care, and sought to change perceptions of family planning and increase the use of modern contraceptives.*

**Source:** Social Mobilization for Community Health and family planning. The Kabilo/Imam Approach, Programme implementation manual by Save the Children USA and the Agency for the Development of Women and Children.



## Burkina

### Box 20

#### DEVELOPING AN IEC STRATEGY: STATING YOUR INTENT

*In Burkina Faso: The Nutrition Communication Project has been working with the Ministry of Health to improve the nutrition status of young women and children. The project has as its primary beneficiaries, pregnant and lactating women and children age 5 and under.*

*A qualitative study was conducted to identify behaviors amenable to change, and optimal messages and media for reaching the community and health workers. Mothers and fathers of children under 5 were identified as the primary target audience for messages. Health workers were designated as the main communication agents, with reinforcement from teachers and agricultural extension agents to influence fathers and increase community outreach.*

*For each primary target, a small set of “doable,” affordable, and culturally appropriate actions were promoted. Several key channels were selected to communicate the nutrition strategy: interpersonal communication, relying heavily on health workers to communicate basic nutrition information to households; health center talks, the radio, outreach to men through agriculture extension agents and literacy programs.*

**Source:** Fishman et al. Assisting NGOs Incorporate Nutrition Communication in Child Survival Programs, in Margaret Parlato & Renato Seidel (eds) 1998. *Large-Scale Application of Nutrition Behavior Change Approaches: Lessons from West Africa*. Published for the USAID by the Basic Support for Institutionalizing Child Survival (BASICS) Project, Arlington, Va.

- ◆ Application of mechanisms that allow for verification and validation of data
- ◆ Effective training, understanding, and regular supervision of community agents and other program personnel on the monitoring and evaluation procedures and systems.

### Monitoring and Evaluation

Monitoring and evaluation are the systems through which information collected by the MIS is used to follow the process of implementing of program activities and measuring their impact. Specifically, monitoring is the collection of valid, accurate data on processes and outputs that are useful for making program decisions. Unlike program monitoring, which involves comparing a program's results to its own targets, performance or impact evaluation assesses the overall outcome or public health impact of a program against more objective measures such as changes in key behaviors, capacities, or health status (BASICS, 1998).

The monitoring and evaluation system should be designed to facilitate the program's ability to show impact using a variety of tools, such as routine reporting systems, periodic KPC surveys, and operations research using relatively inexpensive rapid assessment methods to address specific implementation concerns as they are identified, impact evaluations.

### Selection of Indicators

The selection of indicators is seen by many as the essential first step in designing a monitoring and evaluation system, since it is the process of defines what will be measured during the course of the program.

Several considerations must be kept in mind for each indicator. These include:

- ◆ what is the nature of the issue being measured;
- ◆ what system will be used to collect the information (e.g., routine or special survey);
- ◆ how feasible is it to make accurate measurements of the issue;

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- ◆ are the resources available; and
- ◆ does the program have the capacity to monitor and supervise the program?

#### Characteristics of good indicators

- ◆ **Must be relevant:** must tell something about the status of a program and should allow better decision-making or suggest corrective action.
- ◆ **Must be measurable:** since indicators are used to measure status with regard to achieving an objective, it must be possible to know whether any progress has been made since the last time information was collected. In many cases, this may mean that an indicator should be quantifiable.
- ◆ **Must be economical:** every indicator costs time and money to collect. It is important to balance the cost of collecting an indicator with the value of the information.
- ◆ **Must have a time dimension:** since an indicator will be used to measure status with regard to achieving an objective, the indicator must specify the time by which a change should be seen.

A typical set of indicators used in community nutrition programs is presented in Box 21. The most common types of indicators used are result indicators. Few impact or performance indicators are used. The latter type of indicators is useful as it shows progress toward the attainment of program objectives and can be used as proxy impact indicators where these are difficult to collect.

#### Appropriate data collection methods for community nutrition programs

The issue of “how,” “when,” and “from whom” to collect data is a difficult one for program planners. There is a constant need to balance the desire for more and better data with the cost in time and money of collecting those data and the capacity of the persons responsible for collecting the data. Care must be taken not to allow the program to be driven by information needs.

Common tools for program monitoring include management information systems and existing data sources, such as growth-monitoring registers, village registers, training and meeting reports, and

### Box 21: INDICATORS USED BY COMMUNITY NUTRITION INTERVENTIONS

#### Indicators used by the CNP implemented in Dioffior, Senegal

1. Number of old registrations for the month
2. Number of new registrations for the month
3. Total number of infants registered
4. Number of infants present
5. Total number of infants 0-36 months who gained weight
6. Total number of infants 0-36 months who did not gain weight (weight stayed stable)
7. Total number of infants 0-36 months who lost weight
8. Total number of infants with moderate malnutrition
9. Total number of infants with severe malnutrition
10. Number of IEC sessions

#### Indicators used by the SIAC in Guinea:

1. Percentage of infants weighed in the month
2. Percentage of infants who gained weight
3. Percentage of infants whose weight stayed stable
4. Percentage of infants who lost weight
5. Number of meetings organized with the community
6. Number of nutrition education activities conducted (cooking demonstrations, health talks with mothers)

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supervisory and progress reports submitted by program staff from different operational levels.

Some useful tools for performance and impact evaluation include: population-based household surveys, community assessment and planning exercises, mid-term and final evaluation exercises, and knowledge, practice, and coverage surveys.

Operations research is another evaluation tool that can be used to develop and test approaches

that address specific implementation concerns as they are identified. It should be triggered by questions raised during routine monitoring procedures and evaluation exercises. Operations research should be easy to do and analyze, and technical assistance should be sought where necessary from other partners, such as local universities and research institutions. The results generated should be fed back into management decisions to improve program strategy.

#### KEY ISSUES TO BE CONSIDERED WHEN SELECTING A DATA COLLECTION METHOD

- ◆ **Value vs cost:** All data cost time and money to collect, and some data collection methods, especially surveys, can be very expensive. It is important to balance the cost of data collection with the value of the information the data will provide.
- ◆ **Health worker load:** Health workers who are already busy providing services for their populations will provide almost all data. Data collection systems must not overload these workers with filling out forms and other reporting requirements.
- ◆ **Data quality:** It is easy to collect data; it is not so easy to collect data that are representative and accurate. Biases are often inherent in data collection systems and must be considered in designing what data to collect and how to collect them.
- ◆ **Analysis and interpretation:** It is easy to collect data; but it is relatively more difficult to analyze and interpret them. The use of the data should be well understood at the beginning to simplify the data collection process, ensure that key questions are being answered, and avoid “fishing expeditions.”

#### Making good use of collected data

In most programs, data are collected and sent to a higher level, either the sub-central or central level, where they are analyzed, interpreted, and presented in the form of a report. A management information system will be little use if it does not result in appropriate action being taken. Sometimes, information flows to the top and never comes down again.

Data collected must have a visible impact on decision-making at all levels. Effective feed-back mechanisms should be established to solve problems and promote identified successes.

Community leaders and community agents need to use the data directly for continuous reviews of performance, without having to send them up to the next level and wait for feedback. Community members also need to get a clear picture of how the interventions being taken are having an impact on their community. This is a great motivating factor, particularly for personnel involved in local implementation and sustaining community interest.

Data collected must be simple enough to allow for analysis and interpretation for decision-making at all levels of the implementation process, particularly the community level. For example, after weighing sessions, members of the community must be informed about the total number of children weighed, and how many were in the different malnutrition zones (green, yellow, and red). See Box 22 Information from previous months will make it easy to determine progress. This information can be posted in a prominent position on the community board for all to see.

**Guinea****Box 22****COMMUNITY BOARDS FOR DISSEMINATING NUTRITION INFORMATION**

*In Guinea, after the village weighing sessions, the weight of all children is recorded on a community board. This board has a growth curve divided into three zones: a well-nourished zone shown as green, a moderately malnourished zone shown as yellow, and a severely malnourished zone shown as red. The board is placed in a part of the village where it can be seen by everyone.*

*A village meeting is convened with the head of the village, opinion leaders, political and administrative leaders, and women. The two community agents present the results of the last weighing session to the community, particularly pertaining to those children who are malnourished, and the village is asked to propose solutions to address the malnutrition problem.*

*Types of decisions that have been taken:*

- *Building of improved latrines aimed at reducing the extent of diarrheal disease in the community*
- *Establishment of a women's vegetable garden*
- *Establishment of a community farm where half of the produce is used in weaning food demonstrations and the other half is sold by the women's groups*
- *Assistance to community agents in their local agricultural plots*
- *Construction of supplementary classes at the local primary school*

Source: Interview with Dr Macoura Oularé, Section Alimentation-Nutrition, Ministère de la Santé, Republic de Guinée.

**Supervision**

Regular and effective supervision of community-based agents is a management tool to ensure that these agents accomplish their roles efficiently, and that community-level activities are in line with the objectives of the program. Yet supervision is a weak point of most programs.

Most programs have supervision plans, that are not followed because:

- ◆ supervisors do not always accord much priority to their supervisory roles;
- ◆ it is not always clear who is to supervise whom and how;
- ◆ supervision is often only one of many roles given to supervisors;
- ◆ supervision calendars are fully charged and unrealistic;
- ◆ the resources to facilitate regular supervision are inadequate, especially when supervisors are far away from those they are to supervise;

- ◆ and supervisory guidelines are unclear.

Supervision is particularly crucial where community agents are volunteers because it helps legitimize and give credibility to their role.

To put an efficient supervision system in place, the following factors must be considered:

- ◆ **Strengthen supervisory skills** through initial and ongoing training. The topic of supervision should be integrated into the initial training of all health agents with supervisory responsibilities. Supervision should not be seen as a "policing" mechanism but as part of a training and motivation strategy;
- ◆ **Establish a simple information system:** Supervision activities should be linked to this system;
  - ◆ *Using the results of supervision:* Information gathered from supervisory activities should be used at all levels to orient the program

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## Senegal

### Box 23

#### SOME TIPS FOR GOOD SUPERVISION

In Senegal: The objective of supervision for the AGETIP community nutrition program is to ensure that community nutrition agents accomplish their roles effectively, and that center performance is in line with the objectives of the program.

##### Roles of the supervisor

- ◆ to ensure and respect procedures;
- ◆ to control the quality of information;
- ◆ to evaluate the performance of community agents (MICs);
- ◆ to evaluate the quality of services offered at the center;
- ◆ to ensure feedback of information to agents;
- ◆ to inform the community;
- ◆ to help resolve a center's problems;
- ◆ to provide on-site continuous training; and
- ◆ to motivate agents.

##### Methods of supervision

- ◆ Direct methods are used, such as observing of agents at work, talking with agents and analyzing information collected.

##### Supervision tools

- ◆ Supervision calendar
- ◆ Supervision form
- ◆ Monthly activity report
- ◆ Activity report summary form
- ◆ Table for monthly follow-up of performance

##### Organization of supervision

- ◆ Supervision ration—one supervisor per 20 agents
- ◆ Frequency of supervision—each center should be visited once a week

**Source:** AGETIP. Presentation on Community Nutrition Programs. Presented during the Regional Workshop on "Experiences on Community Nutrition Programmes", 23-27 March 1998, Dakar.

and should be disseminated at the level of the community;

◆ *Reinforcing the supports need for supervision:* The resources needed for supervision should be anticipated during the planning of the program. In addition, a strategy for the motivation of supervisors should be considered;

◆ *Integrate agents from other sectors* to reduce the burden of supervision on health agents;

◆ *Establishment and maintenance of supervisory schedules:* A lot depends on the number of contacts community service providers have with their supervisor. Each program should have a supervisory plan which details, the number of persons to be supervised by a supervisor and the frequency of supervisory visits. Although it

is important to follow, these schedules, it may in some cases be necessary to adjust the frequency of visit, according more visits to those communities with problems.

#### CHARACTERISTICS OF AN EFFECTIVE SUPERVISOR

- ◆ Should take time at his/her work
- ◆ Should create a climate of security
- ◆ Should respect those he/she supervises and their contributions
- ◆ Should have the ability to resolve conflicts.



## CONCLUSION & LESSONS LEARNED

Over the past two decades, there has been considerable success in identifying workable solutions to the nutrition problems of African communities. A substantial body of evidence exist to suggest that the nutrition status of poor population groups in developing countries can be improved through community nutrition programs, if certain critical elements are built into such programs from its inception and remain as salient characteristics throughout the program implementation phase.

Most of the lessons learned that are presented below are not new. The challenge now remains for governments, key partners, and communities to act collectively in transforming such information into positive action.

### **Fostering political commitment and collaboration between key partners and the community**

1. The promotion of CNPs as an approach for improving nutrition in developing countries must start with advocacy. Decision-makers need to be convinced of the importance, feasibility, and cost-effectiveness of investing in nutrition at the community level.
2. The strategies to be considered must be supported by clearly articulated national policy guidelines accompanied by clearly defined institutional frameworks. Governments need to create a political environment conducive for partnership and collaboration among multiple partners from the private and public sectors and for success factors to emerge.
3. For communities to be motivated and remain committed to solving their nutrition

problems, there is a need to create awareness of: (i) the high prevalence and the serious consequences of malnutrition, and (ii) the availability of low-cost solutions to the nutrition problem.

### **Building on existing community resources and organizational systems**

4. The importance of community participation cannot be overemphasised. Community participation is crucial to ensure the appropriateness and sustainability of intervention strategies and ultimate ownership of the program by the community. Decision-makers and other partners must be convinced of the importance of involving the community in all phases of program planning and implementation.
5. Community nutrition programs are more sustainable when designed within the context and capability of a country's local resources. Community involvement in the mobilization of financial and material resources required for the management and implementation of CNPs reinforces ownership and will ensure that interventions lie within the scope of the community. All programs must plan to progressively increase community responsibility for the financial costs of the program.
6. Programs should be built around existing community knowledge making maximum use of existing organizational frameworks, such as local women's groups and community development committees, for key management and decision-making responsibilities.

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7. Service providers identified from the community develop local capacity and bridge the gap between the service provider and the recipient. These community service providers should be supported with training, regular supervision, and creative approaches to recognizing and awarding their efforts.

**Strengthening the support infrastructure**

8. Good management and guaranteed quality of service demands committed, motivated and results oriented staff with effective leadership. Relatively large investments are therefore needed in simple and on-going program relevant and program-driven training for all levels of staff.
9. Widening the net to include partners from the non-governmental and private sectors maximises the use of available resources and expertise. The use of a contracting approach to commit private sector partners to their roles promotes good governance and accountability.

**The programmatic context**

10. Due to the complex nature of malnutrition, there is a critical need to complement nutrition activities with other components, in particular food security, credit and income generation, functional literacy, and potable water supply.
11. To have an impact, programs should adopt simple, do-able intervention strategies that work and that communities themselves can manage. Priority should be given to those activities that comply with

communities' felt needs and promote solidarity among community members.

12. During targeting, a holistic approach should be adopted to ensure that all those at nutritional risk, in addition to key persons and factors that influence the practices and behaviors of those at risk are taken into consideration.
13. A simple management information system with linkages at all levels, supported by regular monitoring and supervision at the community level, is crucial for assessing impact and progress of the program.
14. Communities' needs and priorities are dynamic. Program managers and key partners should use the lessons learned and conclusions drawn from the program to reassess and revise program priorities and strategies.

To end this contribution to the reflection of the nutritional situation in Africa, we recommend that you keep in mind that a nutrition intervention, specifically a community nutrition intervention, must be seen as an evolutionary and dynamic process, rich in learning experiences which are well worth promoting.

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## GLOSSARY OF TERMS

**Community :** A collection of individuals living in the same geographical area, united by common interests and sharing the same preoccupations.

**Community participation:** It is the process by which populations are involved in a conscious and voluntary manner to take control of their preoccupations.

**Empowerment:** A social-action process that promotes participation of people, organizations and communities towards the goals of increased individual and community capacity and control, political efficacy, improved quality of life and social justice.

**Good governance:** This is the administration, supervision and overall administration of a program in a fair and egalitarian manner.

**IEC:** The definition of IEC varies depending upon the context it is used. In this document, IEC can be defined as a learning and teaching approach provides information, education and communication in a participatory manner and aims towards achieving behavioral change in the long run.

**Negotiation:** The process that takes place when individuals having different needs and perspectives strive to obtain common goals and objectives.

**Nutrition Intervention:** A series of program strategies and actions that are required to change behaviors in a household or community with aim of improving nutritional status.

**Political commitment:** Sincere and steadfast dedication by political persons and/or bodies to a particular cause. This requires advocacy and support for the cause as well as direct or indirect involvement.

**Social mobilization:** A process by which a variety of actors and forces at different levels of society engage in a sustained and concerted social action around a commonly agreed-upon or accepted objective or purpose.

**Stakeholders:** Those who hold a particular interest in a program and are thus involved in some aspect of it. Examples of stakeholders of a Community Nutrition Program are Ministries of Health and UNICEF, who would have political and financial interest respectively.

**Sustainability:** It is the extent to which a programs operational, management and financial systems can be maintained over an extended period of time to assure continued existence and success of the program.

**APPENDIX 1: SUMMARY INFORMATION ON SOME COMMUNITY NUTRITION PROGRAMS IMPLEMENTED IN AFRICA**

Name of Program/ Country	Executing Agency	Duration of Program	Size of population covered	Principal nutritional activities	Key partners	Total cost of Program	Major achievements
Community Nutrition Project - Senegal	Agence d'Execution des Travaux d'Intérêt public (AGETIP)	5 years 1995-2000	350,000 women and children from urban and peri- urban areas	<ul style="list-style-type: none"> <li>▪ Nutritional Services (Growth monitoring and promotion and IEC)</li> <li>▪ Provision of potable water</li> <li>▪ Dietary supplementation</li> </ul>	<ul style="list-style-type: none"> <li>▪ National Commission against Malnutrition</li> <li>▪ Donors (World Bank, German Cooperation, World Food Program, NGOs)</li> <li>▪ Associations of doctors and pharmacists</li> <li>▪ Youth Associations</li> <li>▪ Private sector at community level</li> <li>▪ Community Development Committees</li> </ul>	\$14 million	<ul style="list-style-type: none"> <li>▪ 90% of children registered are weighed monthly</li> <li>▪ 75% of mothers registered attend monthly health talks</li> <li>▪ 85% of children in Dakar and 61% in St Louis gain weigh after 6 months of supplemental rationing</li> </ul>
Dioffior Community Nutrition Project - Senegal	District of Dioffior	6 years Phase 1: 1992-1996 Phase 2: 1997-2001	33,168 inhabitants 5,306 children 0- 36 months	<ul style="list-style-type: none"> <li>▪ Growth monitoring for children 0-36 months</li> <li>▪ Nutrition education for women</li> </ul>	<ul style="list-style-type: none"> <li>▪ Women promoters</li> <li>▪ Chief Nursing Officer</li> <li>▪ SISSP District</li> <li>▪ BRAN District</li> <li>▪ SANAS</li> <li>▪ BASICS</li> </ul>	50,000,000 CFA (approx. \$90,000)	
Community Based Information System - Guinea	Ministry of Health	7 years	25,120 children 0- 36 months	<ul style="list-style-type: none"> <li>▪ Growth monitoring</li> <li>▪ Breastfeeding promotion</li> <li>▪ Infant and young child feeding promotion</li> <li>▪ Oral rehydration therapy</li> <li>▪ Nutritional recuperation</li> <li>▪ Fight against micro-nutrient deficiencies</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ministries of Health, Education and Agriculture</li> <li>▪ UNICEF, WHO, World Bank</li> <li>▪ NGOs, AFRICARE</li> <li>▪ Communities</li> </ul>		

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**APPENDIX 1: SUMMARY INFORMATION ON SOME COMMUNITY NUTRITION PROGRAMS IMPLEMENTED IN AFRICA (2)**

Name of Program/ Country	Executing Agency	Duration of Program	Size of population covered	Principal nutritional activities	Key partners	Total cost of Program	Major achievements
Expanded Food Security and Nutrition Project (SECALINE) - Madagascar	Ministry of Health	5 years	54,227 pregnant & lactating women and children under 5 years	<ul style="list-style-type: none"> <li>▪ Growth monitoring of children &lt;5 years</li> <li>▪ Food supplementation for moderately malnourished children</li> <li>▪ Therapeutic rehabilitation for severely malnourished children</li> <li>▪ Income generation activities</li> <li>▪ IEC activities for mothers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Regional Coordination</li> <li>▪ Malgache Government</li> <li>▪ NGOs</li> <li>▪ Communities</li> <li>▪ World Bank, WFP, UNICEF and Japan</li> </ul>	\$32.4 million	<ul style="list-style-type: none"> <li>▪ 78.1% coverage</li> <li>▪ 15% reduction in malnutrition</li> <li>▪ Improved knowledge of mothers on themes addressed by IEC strategy</li> <li>▪ Change in improper practices e.g. Increase in no. of children exclusively breastfed</li> </ul>
Household Food Security/Environment and Nutrition Program (PNSAF/E) - Niger	Ministry of Public Health	11 years	Population of 2.5m inhabitants	<ul style="list-style-type: none"> <li>▪ Promotion of consumption of micro-nutrients</li> <li>▪ Community based growth promotion</li> <li>▪ Support for household food security</li> </ul>	<ul style="list-style-type: none"> <li>▪ Village communities</li> <li>▪ Field level staff</li> <li>▪ Regional Development Committees</li> <li>▪ Nutrition Division</li> <li>▪ UNICEF</li> </ul>	\$6.6 million	<ul style="list-style-type: none"> <li>▪ 84% coverage</li> <li>▪ 4% reduction in malnutrition</li> <li>▪ Implementation Income generation activities</li> <li>▪ Construction of shelters for growth monitoring activities</li> <li>▪ Production and consumption of foods rich in vitamin A</li> </ul>

## APPENDIX 2 : COMMUNITY PARTICIPATION MATRIX

Indicators for Participation	Narrow (none) 1	Restricted (small) 2	Average (fair) 3	Open (good) 4	Wide (excellent) 5
<b>Needs Assessment / Project Planning</b>	Community needs defined/ imposed from outside the community, based on epidemiological /economic data only.	Outside point of view dominates an 'educational' approach. Community interests are also considered.	CW is active representative of community views, and assesses community needs.	CPG is actively representing community views, and assesses the needs.	Community members in general are actively involved in needs assessment (e.g. through PAR).
<b>Representativeness/ Leadership</b>	Project organization assumes leadership; one-sided (i.e. wealthy minority); imposing community chairman or leader.	CPG not functioning, but CW works independent of social interest groups (e.g. wealthy minority).	CPG functioning under the leadership of an independent CW.	Active CPG, taking initiative.	CPG fully represents variety of interests in the community, and controls CW's activities.
<b>Organization</b>	CPG imposed/ induced by the project organization and inactive.	CPG imposed by the project organization, but develops some activities.	CPG imposed by the project organization, but became fully active.	CPG actively cooperating with other community organizations.	Existing community organizations have been involved in creating the CPG.
<b>Resource Mobilization</b>	No resources raised or contributed by the community. CPG does not decide on any resource allocation.	Small amount of resources raised by the community. CPG has no control over allocation of resources collected.	Community resource mobilization, and CPG control of expenditures for select activities (e.g. community drug fund).	Community resource mobilization, and CPG control and allocation of resources.	Community monitors resource needs, raises resources when needed, and allocates them.
<b>Management / Implementation</b>	Induced by project organization. CPG only supervised by project organization.	CW manages independently with some involvement of the CPG.	CPG self-managed without control of CW's activities.	CPG self-managed and involved in supervision of CW.	CW responsible to the CPG and actively supervised by CPG.
<b>Evaluation</b>	Evaluation conducted by project organization staff. Criteria for success determined entirely by project staff.	Evaluation conducted by project staff. Criteria for success determined by project staff, with some input from CW.	Evaluation conducted by project staff. Criteria for success determined by project staff and CW, with input from CPG.	Evaluation conducted by project staff and CW. Criteria for success set by CPG, with assistance from project staff.	Evaluation conducted by CPG. Criteria for success set by CPG, with assistance from project staff.

CW = Community worker (affiliated with project organization)

CPG = Community project group

\*Adapted from Rifkin, S.B., Muller, F., Bichmann, W. (1988) «Primary Health Care: On Measuring Participation.» *Social Science and Medicine*. 26(9): 931-940.

## APPENDIX 3

## TECHNIQUES TO COLLECT INFORMATION FOR ASSESSING THE NUTRITION SITUATION

## Techniques involving the community

- ◆ *Negotiations/Discussions with key members of the community* - such as community leaders, women's groups, traditional health workers such as community health workers and traditional birth attendants, family members and potential beneficiaries such as women of child bearing age. The guiding principle to such discussions is the understanding that populations have the capacity and the creativity to use their own resources to ameliorate their standard of living. Techniques that can be used are key informant interviews and focus group discussions with the conceptual framework as a guide.
- ◆ *Participatory Rural Appraisal methods* –These are a collection of methods, such as those described in table 3 below, that can be used to collect information from community members about a range of issues, from community organization and structures to traditional beliefs and working practices.

## PRA methods for sensitizing and mobilizing communities

Method	Description	Potential Uses in Nutrition Situation Assessment
<b>Community mapping</b>	Community members draw a map of their community, including geographical features, other resources.	Ice breaker Identify community resources Defining the community boundaries, fields, gardens
<b>Seasonal calendars</b>	Identifies activities, problems, and opportunities taking place throughout the year; shows how things change throughout the year	Household food security Food prices Work patterns Water availability Disease patterns
<b>Venn diagrams</b>	A social (organizational) data gathering tool that shows how institutions in the community are linked using circles and a map	Identifying potential organizations and structures that can be involved in solutions to priority problems
<b>Three pile sorting</b>	Pictures are sorted into categories such as good (beneficial), neutral, and bad (harmful) practices; facilitated discussions of reasons why, and how to move from harmful to positive categories/ practices	Categorizing foods Categorizing practices Identifying ways to move from bad to neutral to positive practices or situations Identifying locally feasible solutions to problems
<b>Pocket voting</b>	Simple method for collecting opinions on problems, causes, solutions	Causes of malnutrition, poverty, health problems Priorities in the community
<b>Matrix sorting</b>	Method of ranking alternatives according to community determined criteria; useful in process of building consensus to move forward	Prioritizing actions and solutions
<b>Story with a gap</b>	Before and after scenes are given and community members are asked how to move from the before to the after; a pre-planning tool	Hygiene conditions/ behaviors Sanitation conditions/ behaviors feeding behaviors
<b>Community action plan</b>	A plan developed with/by community members	Defines the way forward

Source: Developing an Integrated Nutrition Program through Assessment, Analysis and Action: A trainer's guide. The University of Western Cape and the Academy for Educational Development (AED), 1998, (draft).

#### OTHER SOURCES OF INFORMATION

- ♦ ***Review of nutrition situation analysis reports*** - Such reports although they may provide more country specific than area specific data are a source of valuable information on the extent and trends in nutritional related problems, efforts to address such problems, how they were addressed and who was involved.
- ♦ ***Rapid Knowledge, practice and coverage studies*** - The R-KPC is a tool to collect baseline information, evaluate programs and to focus on priority health needs of populations. It can be used to provide reliable indicators of knowledge, practice and coverage status on the topics such as: Breastfeeding and infant nutrition, growth monitoring and vitamin A supplementation, diarrhoeal disease, acute respiratory tract infections and maternal health/family planning.
- ♦ ***Ethnographic studies on maternal and child feeding practices*** - such studies can provide a solid base of information leading to a broader understanding of the range of biological, cultural and environmental factors influencing diet and nutritional status. They are particularly useful for the development of appropriate IEC strategies.
- ♦ ***Expert advice-*** Each country has a pool of persons who can serve as sources of technical and up-to-date information. They include researchers, health and medical professionals, economic planners, demographers, extension agents, government planners etc.



SUSTAINABLE COMMUNITY NUTRITION PROGRAMMING

Appendices

APPENDIX 4

TYPES OF INFORMATION COLLECTED DURING NUTRITIONAL STATUS ASSESSMENT\*

SUBJECT STUDIED	FACTORS	INDICATORS
Nutritional status	Growth faltering	% of babies born with low birth weight ☹ % of infants with height <90% of the standard height for age ☹ % of infants with weight <80% of the standard weight for height ☹
	Clinical malnutrition	% of persons examined with clinical signs of: goitre, night blindness ☹
	Biochemical methods	% of individuals with hemoglobin levels less than the norm fixed for their age, sex and physiological status ☹
Economic Factors	Food Prices	Average price of «household food basket» ☹ Average price of staple cereals (or vegetables) during a definite observation period ☹
	Food Expenditures	Average expenditure on food as a percentage of total expenditure ☹
	Income	Average household income per capita ☹
	Employment	Proportion of population in active employment ☹ Proportion of mothers working outside the home ☹ Average time spent by mothers on child care ☹
Food Production	Production	Number of kilos of basic foods (cereals, vegetables, etc.) produced per family per year ☹ Monetary value of annual food produced per family ☹
	Factors affecting production	Number of hectares of arable land per capita ☹ Average annual rainfall in mm ☹
Health factors	Morbidity	Proportion of infants with one or more episodes of diarrhoea in the last month ☹ Proportion of consultations (admissions) related to diarrhoea, out of the total number of consultations (admissions) for a given age ☹
	Health and Nutrition Services	Number of hospital beds /1000 persons ☹ Number of doctors/1000 persons ☹ Proportion of communities with access to health services ☹ Proportion of persons correctly immunized in the target population by vaccine ☹ Number of pregnant women with prenatal care out of 1000 live births ☹ Proportion of children 6-71 months who received at least two vitamin A capsules within the past 12 months ☹ Proportion of households using iodized salt ☹ Proportion of women who took the recommended number of iron/folate tablets during their last pregnancy
	Environmental hygiene	Proportion of households with access to potable water ☹ Proportion of households with access to safe latrines ☹
Education	Level of education	Proportion of persons > 15 years with complete primary level education (out of total population or population of women) ☹ Proportion of persons >15 years who can read or write (out of total population or population of women) ☹
	Community mobilization	Number of community based groups that can be mobilized for action ☹ Nature of leadership ☹
Other types of information	Development activities	Number of development efforts initiated by the community or their leaders ☹
	Community resources	

☺ = frequently used      ☺ = often used      ☹ = rarely used

\*Based on a review of 6 community nutrition programs implemented in the sub-region

## APPENDIX 5

## STRATEGIES EMPLOYED BY COMMUNITY NUTRITION PROGRAMS

- ♦ **Promotion and monitoring of growth** – it permits the early identification of malnourished children. Growth monitoring can be used as an educational tool to teach mothers how to monitor the progress of their child's growth and detect when things begin to go wrong in order to seek special attention. Community participation can be enhanced with the use of community based growth monitoring which has the capacity to promote empowerment at the community level to the extent that mothers in particular can understand and monitor the health of their own children. It can be linked with food supplementation programs to screen for eligible beneficiaries.
- ♦ **What should/could it involve?**
  - Community based weighing of children between the ages of 0 and 3 years, and interpretation of the growth curve so that a mother can follow the progress of her child's growth
  - Counseling to identify causes of poor growth, discuss remedial actions, and give encouragement when things are going well
  - Referral of children identified as malnourished to the nearest health facility
  - Follow-up of malnourished children at the home level to monitor progress and identify possible obstacles and constraints to adoption of good practices.
- ♦ **The fight against micro-nutrient deficiencies** – it favors the reduction in prevalence rate of micro-nutrient deficiencies at levels of public health concern. Due to the relationship between the deficiency of certain micro-nutrients and some childhood diseases, micro-nutrients interventions are sometimes employed to reduce the risk of childhood diseases such as measles, acute respiratory tract infections and diarrhoea. The micro-nutrients most often considered are vitamin A, iron, folic acid and iodine..
- ♦ **What should/could it involve?**
  - Distribution of micro-nutrient supplements, in the case of vitamin A, iron and folic acid
  - Promotion of production and consumption of micro-nutrient rich foods
  - Deparasitation in areas of parasitic infestation
  - Malaria prophylaxis particularly to reduce risk of anaemia in pregnant women
  - Salt iodisation to address iodine deficiency.
- ♦ **The utilization of participatory IEC techniques** - it is aimed at helping individuals make informed choices that will result in behavioral and attitudinal change where inappropriate behavior, attitudes and practices as a result of cultural beliefs, poor education, poverty are contributing factors towards high malnutrition. It can be used to favor the adoption of best practices by the community.
- ♦ **What should/could it involve?**
  - Interpersonal communication (peer counseling – improves outreach and community participation)
  - Cooking demonstrations, promotion of weaning foods based on locally available products
  - Mass communication,
  - Participatory/interactive methods of communication (e.g. griots, role plays, songs, games, opinion leaders e.g. religious leaders)
- ♦ **The prevention and management of childhood diseases** – e.g. diarrhoea, malaria and acute respiratory tract infections. Childhood infections are a major cause of malnutrition and mortality.

♦ **What should/could it involve?**

- Promotion of ORS/ORT
- Education on appropriate feeding of sick children during and after illness
- Promotion of good hygiene and sanitation
- Referral of sick children to an appropriate health facility for treatment of infections
- Immunization against childhood communicable diseases

- ♦ ***Promotion of maternal health*** – it is aimed at improving well-being during pregnancy and preventing childhood malnutrition through the reduction in incidence of low birth weight babies. Maternal health interventions are usually employed in communities where poor access to proper antenatal care, inadequate food intake during pregnancy, high fertility rates and high rates of pregnancy anemia are major factors contributing to childhood malnutrition and maternal morbidity and mortality.

♦ **What should/could it involve?**

- Promotion of good ante-natal care
- Promotion of family planning and birth spacing
- Promotion of improved maternal dietary practices (Maternal dietary supplementation should only be considered where the supplement is based on locally available commodities and if the community is able to provide some of the resources needed for the procurement of the commodities).

- ♦ ***The implementation of community development activities*** – these involve strategies to address the basic causes of malnutrition such as insufficient income, illiteracy, high maternal workload, food insecurity etc. They contribute indirectly to the improvement of nutritional status.

♦ **What should/could it involve?**

- Functional literacy and numeracy skills training,
- Promotion of income generation activities, (micro-enterprise development)
- Promotion of agricultural diversification
- Promotion of increased food security,
- Construction of cereal banks,
- Promotion of animal husbandry,
- Training in food preservation and processing techniques,
- Improved access to credit,
- Improved access to labor saving devices.

## APPENDIX 6

### GUIDELINES FOR TEACHING ADULTS

- **Lessons should be well organized and prepared at a basic level.**
- **Lessons should be brief and to the point.** Most adult trainees will forget the essential points if too much is presented at one session.
- **Teach the skills that the trainees want to learn.** The order of the sessions can be changed to suit the needs of the group. Begin with those topics of most interest to the trainees.
- **Teaching adults new techniques and ideas is a slow process requiring repetition.** Tact and patience is needed. Repeat all important ideas and procedures, several times, if necessary. Use the beginning of each session to revise the lessons of the previous session. Repeat important ideas at the end of each session. Go through the revision questions at the end of the session and/or at the following session.
- **Demonstrate all lessons where this is possible.** For example, bring real foods and cook a balanced meal. Ask the trainees to demonstrate and practice all practical skills. Go to a family compound for demonstrations when possible.
- **Conduct role playing exercises.** This is a very good way to act out a procedure or a problem situation. Take care to explain the purpose of the role play clearly. Avoid criticizing a trainee during a role play or demonstration. Afterward, discuss what happened and what was learned.
- **Encourage trainees to participate in discussions as equal partners.** Trainees have valuable experiences and knowledge of local conditions. They understand the customs, beliefs and practical problems faced by their communities. Questions and discussions keep trainees alert and interested. Do not be judgmental, nor criticize opinions with which you disagree; rather, facilitate a discussion to obtain different opinions.